A Study To Recommend Future Directions in Regional Service Delivery

Prepared By
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for the

Board of Directors,
Atlantic Provinces Special Education Authority
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Gerald J. McCarthy
Board of Directors
Atlantic Provinces
Special Education Authority

Dear Mr. McCarthy,

On behalf of the Committee appointed by the Board to review critical issues affecting the needs of children in the Atlantic Provinces requiring special education consideration, and to recommend future directions for the services delivered by APSEA, I am pleased to present our report. The Committee's first meeting was at the end of October 1986; its fifth and last meeting was on 2-3 November, 1987, when the final revisions to the report and its recommendations were extensively discussed.

At the time when the Committee began its review, APSEA had been in existence for more than eleven years. In this relatively short period the progress that had been made towards establishing an efficient and functional network of services for severely handicapped children from the four participating Provinces represents an achievement that is indeed remarkable. Based as it is upon the collaboration between four distinct, and very different, administrative jurisdictions, APSEA is an organization that is unique not only in North America but in the Western world. It has clearly demonstrated its capacity to deliver a comprehensive range of educational services for handicapped children and their families.

If there is a single theme that runs throughout our report and its recommendations it is the emphasis we have placed upon the importance of partnership and collaboration between the various providers and receivers of APSEA services. Too often in the human services field, efforts are divided and fragmented and lead to inefficiency and frustration. It is the capacity of an organization such as APSEA to bring people together, to provide communication between its participants, and to coordinate the efforts of many individuals, which gives it its particular strength.

Other themes will be found in the report. It reflects our awareness of two quite different forces in contemporary Canadian society that have particular significance for special education - human rights issues, which have led to a substantial re-evaluation of the status of handicapped persons, and the impact of a rapidly developing technology upon teaching methods.

We have also tried to take into account the subtle and shifting balance between central and local responsibilities for the delivery of educational services. And throughout our discussions we have been

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conscious of the high costs of special educational services, and aware of the need for fiscal responsibility in planning these services.

All of these factors have led us to place greater emphasis upon trying to conceptualize the general direction of APSEA's development over the next decade, and upon the processes by means of which changes in direction should be accomplished, than upon more specific and more detailed proposals, though we have tried to word our recommendations as precisely as possible. The rationale for this decision was based primarily upon the importance we have attached to the need for consultation among the large number of individuals and groups in all four Provinces affected by such proposals before specific decisions should be implemented.

In general terms, we envisage a significant increase in what might be called the 'resource role' of APSEA - its capacity to provide extensive technological and professional supports for the four Provincial educational systems in the area of special education for severely handicapped persons. The two Resource Centres are the heart of APSEA operations. Residential programs in both centres will continue to be needed, though the differences between the two Centres with respect to the kinds of program required are significant, and should be noted. We have recommended further study of an extension of APSEA's service role to include some other categories of severely handicapped, hard-to-serve children. APSEA's expanded resource role should be reflected in an even closer relationship between the Resource Centres and the central office, with an increasing number of staff working in both - and in some cases all three - settings. In all of this we have tried to provide the Board with a usable map of the territory which lies ahead, while leaving sufficient room for the Board to to plan the itinerary and its timetable.

On a more personal note, I should like to record my thanks to the Board for allowing me the opportunity to renew my acquaintance with the Atlantic Provinces - surely my favourite part of Canada east of the Rockies - and to discover the healthy and vigorous creative creature conceived by the 1972-73 Committee, but brought to birth and nurtured by successive APSEA Boards and staff members. I should like also to acknowledge the debt that I owe to each member of the Committee whose support and contributions to our discussions and debates helped to keep me on track during the preparation and writing of the report; to the parents, professionals and members of organizations in all four Provinces, far too numerous to name, who shared their views and concerns with me; to Mr. Dan Harmer and Dr. Peter Owsley, and their staffs in the Resource Centres and Outreach services who spoke and wrote to me; to the school principals, teachers, teacher aides and children in the classrooms I was able to visit. The list is endless. I am deeply appreciative of the warm and thoughtful hospitality which - once again - was the hallmark of my visits to the four Provinces, and even more, for the opportunities afforded by these visits for free and open discussions with so many people. I should like to record my particular thanks to Mr. Arnold

Jones, Superintendent of APSEA, for bearing so patiently with a Committee Chairman who was sometimes forced to change arrangements and deadlines at short notice. Arnold's unobtrusive help and support has been invaluable throughout the study: he ably assisted by Lynda Mitchell, should be regarded as the midwives - perhaps I should say midpersons - of the report.

Finally in writing and revising the document that is now presented to you I have been all too conscious of its flaws and limitations, and must take full responsibility for these. I hope however that you and the Board will find something that will be useful and helpful to you in this record of our attempts to conceptualize the future direction of APSEA.

David C. Kendall, Ph.D.
Professor of Educational Psychology and Special Education
University of British Columbia
Committee Chairman

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SECTION 1

INTRODUCTION

1.1 Background to the Review

The proposal to review the Atlantic Provinces Special Education Authority (APSEA) was approved by the APSEA Board of Directors in June 1986. Shortly thereafter, Dr. David Kendall, Professor of Educational Psychology and Special Education at the University of British Columbia, was invited by the Board to chair an Ad Hoc Committee to carry out the Review. The task of the Committee was "to study critical issues affecting the needs of children in the Atlantic Provinces requiring special educational consideration, with particular emphasis on, but not limited to, those with impairments of sight and/or hearing; and to recommend future directions for service delivery bearing in mind APSEA's mandate in the educational systems of the four provinces."

In the late summer of 1986 the Ad Hoc Committee was formed. In addition to the Chairman, the Committee consisted of fourteen members, including representatives from each of the four provinces, one of whom was the Provincial Director or Consultant responsible for special education; the Executive Director, Nova Scotia and Prince Edward Island Division of The Canadian National Institute for the Blind (CNIB); the Superintendent of APSEA and the Directors of the two APSEA Resource Centres. Efforts to include representation from the Canadian Coordinating Council on Deafness (CCD) were, unfortunately, unsuccessful. Representatives from New Brunswick were drawn from both the anglophone and francophone systems.

1.2 Conduct of the Review

The Ad Hoc Committee met in Halifax on five occasions, in October 1986, December 1986, February 1987, May 1987 and November 1987. Each of the meetings was of two days duration. The first meeting (October 28/29 1986) was mainly concerned with clarifying the terms of reference for the Committee, identifying problems and issues pertinent to APSEA's field of operations and the needs of the four provinces, reviewing reports, surveys and other documents relating to APSEA approaches that should be taken by the

Committee in order to comply with its terms of reference, and prepare a report. In summary, the following principles and steps were approved.

(a) The Committee's terms of reference were interpreted as the preparation of a prospective review rather than a formal, comprehensive evaluation of APSEA operations. In other words, we conceptualized our task as an attempt to examine APSEA's present and potential roles and functions in relation to the immediate and future needs of the four provinces, for special educational services for children with impairments of sight and hearing, and other significantly handicapping conditions. Although it would be impossible to avoid including an evaluative component in our work and recommendations, evaluation would be primarily directed towards the aims and objectives of APSEA rather than with the efficiency or effectiveness of its present operations.

(b) The Review should be conducted in as open a manner as possible, and should seek both input from and interaction with a wide range of individuals and groups, especially actual or potential consumers of APSEA services.

(c) The Chairman would visit each of the four provinces for discussions with officials and staff in the departments of education, school districts and others concerned with, or interested in, APSEA services and children with special educational needs.

(d) Information would be collected about particular aspects of APSEA services - e.g. services for Learning Disabled (LD) children - in individual provinces.

(e) The Committee would solicit input in the form of comments and suggestions from consumers of APSEA services such as parents and staff in public school systems, as well as from APSEA staff members themselves.

(f) The Chairman would produce periodic reaction papers for discussion at future meetings.

(g) The Chairman would be responsible for producing the draft(s) of the Committee report.

(h) A first draft of the final report would be prepared for the meeting arranged in May 1987.

Subsequent meetings of the Committee, in December 1986 and

February and May 1987 were taken up with indepth discussions of the three reaction papers prepared by the Chairman and by the other materials such as surveys and reports prepared for the study. The reaction papers attempted to identify and comment upon critical questions and issues, and formed an important medium of communication between the Chairman and the Committee. Detailed minutes of each Committee meeting were prepared, and provided an invaluable record of the free and frank discussions in the Committee. In order to make fullest use of the individual contributions of each member of what was a rather large Committee, the practice was adopted of spending at least part of each meeting in smaller groups, each of which focussed attention on a particular topic or issue. In this way fuller use was made of the individual expertise of Committee members. The Committee discussions performed an essential function in providing for the Chairman a continuous and varied debate about questions and issues as these were identified, formulated and reformulated.

During his three more extensive visits to the Atlantic provinces (in October - November 1986; December 1986 and February 1987) the Chairman also travelled to each of the four provinces, spent some time in the two resource centres, visited Landmark East and had meetings with APSEA central office staff and with individuals in the community with interests in specific topics identified during Committee discussions - for example, the needs for services for autistic children. It should be emphasized that time constraints prevented comprehensive and detailed study of many of the problems and issues identified during Committee meetings and formulated in the reaction papers. Some of these - for example, the specialized training of teachers and the vocational training for the hearing impaired - had already been addressed in recent reports prepared for the APSEA Board. But in areas which envisaged new directions for APSEA operations, or an extension of APSEA's mandate, it was recognized from the outset that these would clearly require careful and detailed subsequent study from a different committee or group, and the discussion and recommendations have been formulated accordingly.

The Chairman found that the opportunities afforded by the field visits to meet a great variety of individuals and groups in each of the four provinces provided an especially helpful, and indeed essential extension of the work of the Committee. It enabled him to hear at first hand the often divergent and sometimes sharply critical points of view of administrators, teachers, parents and special interest groups, and gave him not only a new respect for the many-sided complexities of the special educational interventions with handicapped children undertaken by APSEA, but also a renewed appreciation of the unique characteristics of each of the four provinces participating in APSEA.

Throughout these field visits efforts were made to encourage people to communicate directly with the Chairman both orally and in writing, about their criticisms, concerns and suggestions about APSEA and its operations. Likewise parents with children receiving services from APSEA through the two resource centres were also invited to contribute comments and suggestions about APSEA services. A number of informal communications from both these sources were received during the course of the study, and formed a small but important part of the large body of documents influencing the report. (See Appendix A).

A record of the Chairman's field visits will be found in Appendix B.

During the course of the study APSEA staff and Committee members undertook specific data collection projects and surveys. These included two surveys of Nova Scotia school districts, one related to current APSEA services, the other about `hard to serve' pupils, and a number of requests to the two resource centres for information about specific aspects of services.

After the February 1987 Committee meeting, and the visit to Prince Edward Island the Chairman started to prepare an outline of the final report, together with a draft of the major recommendations. These materials were incorporated into a third reaction paper, which was fully discussed by the Committee at its May 1987 meeting. Over the summer the input from the Committee, together with what had become an extensive body of documents relating to the Review, provided the basis for revising the summary and outline of the major recommendations. This revised document was discussed with the Executive Committee of the APSEA Board (the Deputy Ministers of

Education) on September 1, 1987, and was circulated to all Board members at their meeting on September 2. The final version of the report was prepared during September and October 1987.

1.3 Limitations of the Review

As already noted, the Review was conceptualized and implemented as a broad examination of APSEA's role and mandate in providing educational services for severely handicapped children from the four Atlantic provinces. The approach to this task adopted by the Committee involved an identification of the various components and constituents of APSEA, and an attempt to tease out and articulate principles which could form a basis for evaluating needs and services and for planning future directions of APSEA operations. These principles were then used to develop the major recommendations set out in the body of this report. The decision to approach the Committee's task in this was governed by its interpretation of the terms of reference as stated by the Board and by the time frame set for the study, bearing in mind the composition of the Committee consisting of individuals with extensive professional commitments.

Inevitably there will be limitations in such a study, and these should be borne in mind while reading the report. In particular we would like to draw the Board's attention to the following:

1.31 No attempt was made to carry out a systematic detailed evaluation of all aspects of APSEA services and operations. This might have been desirable, but was clearly beyond our resources. We noted, however, that evaluative components were built into the operational plans of both resource centres, and that over the past few years specific aspects of APSEA operations had received both internal and external evaluations.

1.32 The review did not include any study of the graduates from APSEA programs - i.e. the status and needs of adults (particularly young adults) in the hearing impaired, visually impaired and learning disabled populations. The Committee recognized that such a study would have important and far-reaching implications for the evaluation and planning of APSEA academic and vocational services. But at the same time we saw it as a separate, major project which would require especially careful planning and co-ordination with other authorities and agencies in order for it to yield valid and reliable results. The Committee's concerns in this area are reflected in the recommendations. (See Recommendation 7.5207).

1.33 The composition of the Review Committee included only one member - the Executive Director of the Nova Scotia and Prince Edward Island Division of The Canadian National Institute for the Blind - who could clearly be identified as a representative of a consumer group (though it should perhaps be stated that all Committee members saw themselves as advocates for children with special needs). What was seen as an imbalance in the composition between 'professionals' and 'consumers' was viewed critically by some of our correspondents, and we, ourselves, regretted the absence from the Committee of a representative from organizations serving hearing impaired consumers. The original intention had been to include on the Committee a representative from the Canadian Coordinating Council on Deafness, but unfortunately, it had not been possible to secure agreement among this group as to who would represent them. However, during the Chairman's visits to each of the provinces, he was able to meet with, and obtain oral and written submissions from a number of individuals and organizations representing consumers, including the hearing impaired. The records of these meetings, as well as the written briefs and other documents, have played a significant part in shaping the content and direction of some of our major recommendations. The Committee considers that its concern for adequate consumer access to APSEA and the representation of consumers in the administrative structures of APSEA, is clearly set out in the recommendations of this report. (See Recommendation 8.401).

1.34 The broad approach taken by the Committee precluded highly specific or detailed recommendations about operations, or changes in operation, in the resource centres, as well as in our proposals for new areas of service. Our caution in this regard was deliberate; many of our recommendations and proposals are stated in broad and general terms on the assumption that they will require study and discussion at the Board level, and in each of the provinces, before details of their implementation can meaningfully be addressed.

1.35 It follows that we have not attempted to calculate the fiscal implications of our general recommendations and proposals, though we have tried throughout the work of the Committee to keep fiscal considerations and constraints in a realistic perspective.

SECTION 2

APSEA: BACKGROUND AND HISTORICAL REVIEW

In this section a brief account of the development of APSEA and a tabulation of its structure and services at the time when the Review was being conducted (1986-1987) is presented. The material in this section is intended to provide a context, and some bench marks for the discussion in the following sections, and for the Review in general.

2.1 In April 1972 a committee to study the needs of children in the Atlantic provinces requiring special education was appointed by the Ministers of Education of the provinces of New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island. The terms of reference for the committee were:

(1) to inquire into present facilities and programs available in the Atlantic provinces for children requiring special educational consideration, with particular emphasis on those with impairment of sight and/or hearing;

(2) to recommend programs of study and training for such children;

(3) to recommend procedures for assessment of these children;

(4) to recommend to the governments of the Atlantic provinces future direction in this field, bearing in mind the educational systems of the four provinces.

The original committee consisted of eight persons, Dr. David Kendall, University of British Columbia (Chairman); C.R.K. Allen, Superintendent, Halifax School for the Blind; Clifford Andrews, Newfoundland Department of Education; H.M. Cox, Nova Scotia Department of Education; Dan Jenkins, Superintendent, Interprovincial School for the Deaf; Dr. J.A. Lauwerys, Atlantic Institute of Education; Elinor MacLellan, Prince Edward Island Department of Education; Elizabeth Owens, New Brunswick Department of Education.

C.R.K. Allen retired from the superintendency of the Halifax School for the Blind in June 1972. D.S. Harmer joined the committee. H.M.

Cox resigned from the committee because of ill health, and was replaced by J. Ingrao.

The report of the committee was issued in January 1973. It contained a total of 87 general recommendations, based upon an analysis of the needs of handicapped children and their families, and upon the principles which should govern the provision and delivery of special education services. These principles included a clear statement of support for providing services whenever possible to children in their home communities, acknowledging the responsibility of local school districts for ensuring that the special educational needs of students were met, "either in the local district whenever possible, but through inter-district, provincial or interprovincial services if necessary". (1973 Report, p.16). Services should be available for handicapped persons between the ages of 0 and 21 and should include in addition to education, assessment, vocational training, parent education, parent counselling and teacher education. The report recommended that for the purposes of educational administration, governments distinguish between two main categories of handicapped persons, Category I, the severely handicapped - those with low incidence, moderate or severe physical and/or mental disabilities and long-range needs - and Category II, the educationally handicapped - those with mild or moderate disabilities, mostly affecting their rate of progress in the school system. Some services and programs for Category I children should be planned and operated on an interprovincial basis in order to ensure the most cost effective use of resources. For this purpose an Interprovincial Special Education Board should be established immediately, together with executive committees to administer interprovincial programs approved by the Board and, within each province, co-ordinating committees to review special education services for both Category I and Category II children, and local committees to advise school boards on special education services. In its recommendations, the 1973 report provided detailed proposals for the composition and structures of these administrative arrangements, as well as for the special programs envisaged for the hearing impaired and visually impaired.

At the time of the 1973 report, public school enrolments in the four Atlantic provinces numbered about 566,000 children. Although it was difficult to obtain a reliable estimate of the total number of children being served at that time by special education services, the committee's best estimate was approximately 1.60% of the total school population - a figure far lower than most national prevalence estimates. More specifically, the enrolment in the Halifax School for the Blind in 1971-72 was 165. Apart from a few visually impaired children in the Halifax-Dartmouth area attending regular schools and being provided with some supportive services from the School for the Blind, no other **specialized** services were available to visually impaired children enrolled in public school programs in Atlantic Canada, and there were no reliable estimates of the number of these children requiring service. Hearing impaired children were being served in several locations - the Newfoundland School for the Deaf (enrolment 147); two classes in Charlottetown (enrolment 12) and by the Interprovincial School for the Deaf at Amherst (enrolment 296), including 'out' classes for 80 pupils in Halifax, Truro, Moncton and Saint John). The total number of visually impaired children being provided with specialized services was 170; the total for the hearing impaired was 455. These figures should be compared with those recorded in Sections 2.3 below; it is of interest to note that projections for public school enrolments in the Atlantic provinces for 1982 showed a total of 503,000. Current enrolments (1986-87) in public schools in the four provinces are 472,480.

2.2 The Creation of APSEA

The Atlantic provinces moved quickly to implement the major recommendations of the 1973 committee report. In Nova Scotia the Handicapped Person's Education Act received assent on the 28th day of June 1974, and was proclaimed on March 1, 1975. The purpose of the Act was "to provide through the co-operative efforts of the provinces of Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland, educational services, programs and opportunities for handicapped persons in the said provinces and for facilities and personnel for the administration of the same and for financing thereof". The Act provided for the establishment of the Atlantic Provinces Special Education Authority under the direction and control of a Board of Directors composed of the Deputy Ministers of Education for each of the provinces, and two other persons appointed by each of the provinces, and for three resource centres - one for hearing impaired persons, one for the technological and vocational training of handicapped persons and one for visually handicapped persons. The Nova Scotia Handicapped Person's Education Act included provisions for the cost-sharing arrangements among the four Atlantic provinces; these arrangements, together with the provisions for incorporating the Atlantic Provinces Special Education Authority and for establishing, operating and administering the resource centres, were included in the Agreement among the four provinces signed on January 24, 1975. The administrative arrangements included the establishment of Executive Committees for the management of the resource centres, as well as Provincial Co-ordinating Committees, and Local Committees as recommended by the 1973 report. Regulations made by the Board of Directors of APSEA were formulated and approved by the four Ministers of Education on April 10, 1975. (See Section 8).

2.3 Subsequent Developments

In May 1980 the APSEA Board of Directors authorized the first extension of their service responsibility to include arrangements for severely learning disabled school age children. An amendment to the Agreement among the provinces to this effect was signed on October 28, 1981. The numbers of learning disabled children receiving APSEA services between 1980 and 1986 are shown in Table 2 - 4.

In 1983 the resource centre for the visually impaired (APRCVI), which had been located in the premises of the Halifax School for the Blind (later renamed the Sir Frederick Fraser School) on University Avenue in Halifax was moved to a new location on South Street. At that time a new six storey residence building was available. A second building, intended to house the school program, is now being constructed on the same site.

The Executive Committees for the two resource centres were replaced by the Program Advisory Committees in January 1981, with new terms of reference which reflected their advisory rather than managerial function.

In the administrative arrangements for APSEA set out in the Act, there was provision for the Board to "appoint a person with the title of

Superintendent who shall be responsible to the Board for the operation of all resource centres". The first Superintendent, Travis Cushing, was appointed in 1976, and served until his retirement in 1980, when he was succeeded by the present incumbent, Arnold G. Jones.

At the time when the 1973 report was prepared, the Interprovincial School for the Deaf had recently begun to enrol students in a one year teacher training program at the Amherst campus. Subsequently, arrangements were made with the Université de Moncton for a joint teacher education program to be operated by the Université and Atlantic Provinces Resource Centre for the Hearing Handicapped (APRCHH), leading to an M.Ed. degree. Since this program's inception in 1974, 120 students have been graduated.

Details of enrolments in the various programs operated by the two resource centres will be found in the following subsections. The steady rise in the numbers of hearing and visually impaired children being served through outreach services should be noted (Tables 2-1, 2-2, 2-3). As we have seen, some outreach services for the hearing impaired were already in place when the Interprovincial School for the Deaf became the Atlantic Provinces Resource Centre for the Hearing Handicapped. The Atlantic Provinces Resource Centre for the Visually Impaired has operated outreach programs since the 1977-78 school year.

Patterns of Service Delivery - 1974-1986

Table 2-1 shows the number of children served in the two residential programs in the two APSEA resource centres between 1974-75 and 1985-86. Table 2-2 sets out the number of hearing and visually impaired children served by APSEA in their communities by outreach services. For the visually impaired these services were delivered in the provinces of New Brunswick, Nova Scotia and Prince Edward Island; for the hearing impaired, in New Brunswick and Nova Scotia. Table 2-3 shows the number of hearing and visually impaired children receiving outreach services, as a percentage of the total number in the same category served by APSEA during the period 1974-1986.

TABLE 2-1

Number of hearing and visually impaired children served by APSEA in the residential programs in the two resource centres between 1974-75 and 1985-86.

YEAR	APRCHH	APRCVI	TOTAL
1974-75	201	127	328
1975-76	174	116	290
1976-77	172	116	288
1977-78	167	113	280
1978-79	138	108	246
1979-80	135	90	225
1980-81	149	84	233
1981-82	154	84	238
1982-83	143	76	219
1983-84	161	81	242
1984-85	148	81	229
1985-86	129	75	204

TABLE 2-2

Number of hearing and visually impaired children served in their home communities through APSEA outreach services 1974-75 to 1985-86.

YEAR	APRCHH	APRCVI	TOTAL
1974-75	134	-	134
1975-76	166	-	166
1976-77	311	-	311
1977-78	333	71	404
1978-79	339	195	534
1979-80	343	205	548
1980-81	353	317	670
1981-82	366	357	717
1982-83	372	351	723
1983-84	379	439	818
1984-85	388	456	844
1985-86	392	464	856

TABLE 2-3

Number of hearing and visually impaired children receiving APSEA outreach services shown as a percentage of the total number of children in the same category served by APSEA 1974-75 to 1985-86.

YEAR	APRCHH		APRCVI	
	Total Served	Outreach %	Total Served	Outreach %
1974-75	335	40.0	127	0
1975-76	340	48.8	116	0
1976-77	483	64.4	116	0
1977-78	500	66.6	184	38.6
1978-79	477	71.1	303	69.4
1979-80	478	71.8	295	69.5
1980-81	502	70.3	401	79.1
1981-82	514	70.0	441	81.0
1982-83	515	72.2	427	82.2
1983-84	540	70.2	520	84.4
1984-85	536	72.4	537	84.9
1985-86	521	75.2	539	86.1

In interpreting Tables 2-1, 2-2, and 2-3 two points have to be kept in mind - (1) while the residential programs included children from all four provinces, all provinces did not receive both outreach services; (2) there are likely to be differences between the populations served by the residential programs and the outreach, particularly with respect to the type and severity of the children's disability. We were not able to make a detailed examination of these differences between the two populations within each category, though it seems clear that there was likely to have been a much greater variability in the severity of disability in the population served by the outreach services than in the residential programs. In terms of the present program an analysis of this type would make a useful research study for APSEA, since it has implications both for funding and for service delivery. (See Recommendation 7.5207).

Table 2-4 shows the number of severely learning disabled children referred to APSEA, and approved according to the criteria established by the Board, during the period 1980-81 to 1986-87. The majority of pupils approved for this program were from Nova Scotia. The difference between the number of referrals approved and the number of pupils placed is for two reasons - pupils relocated outside Atlantic Canada; Landmark East reached its maximum enrolment and parents did not wish to pursue placement outside Atlantic Canada.

TABLE 2-4

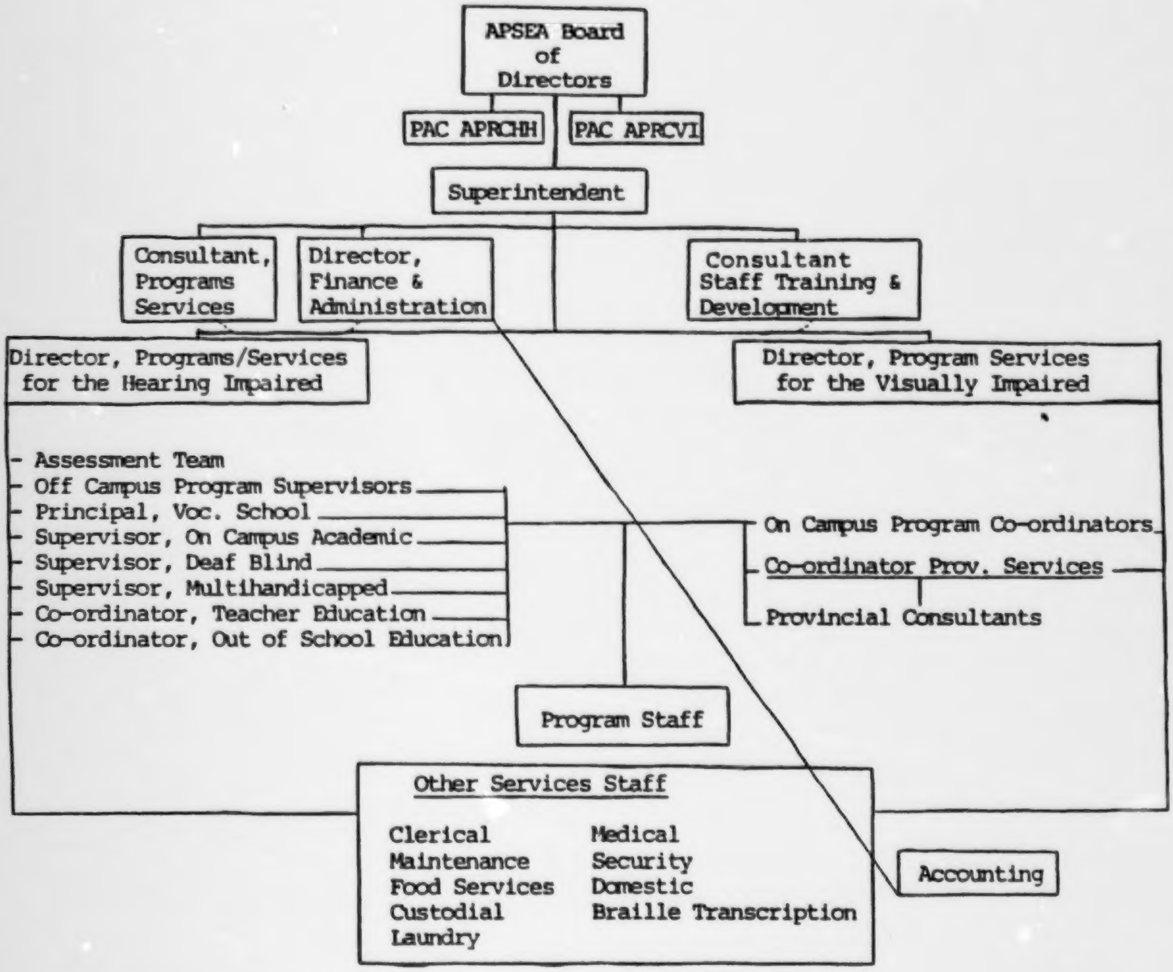
Learning disabled children - referrals received, approved and placed (1980-81 to 1986-87).

YEAR	REFERRALS RECEIVED	REFERRALS APPROVED	# PUPILS PLACED
1980-81	54	32	32
1981-82	88	41	41
1982-83	89	49	49
1983-84	80	42	42
1984-85	71	45	45
1985-86	73	54	53
1986-87	89	62	57

2.4 APSEA Organizational Structure and Staffing

The organizational chart for the administration of APSEA is set out in Figure 2-1.

APSEA ADMINISTRATION


APSEA Board of Directors
PAC APRCHH
PAC APRCVI
Superintendent
Consultant, Programs Services
Director, Finance & Administration
Consultant Staff Training & Development
Director, Programs/Services for the Hearing Impaired
Director, Program Services for the Visually Impaired
- Assessment Team
- Off Campus Program Supervisors
- Principal, Voc. School
- Supervisor, On Campus Academic
- Supervisor, Deaf Blind
- Supervisor, Multihandicapped
- Co-ordinator, Teacher Education
- Co-ordinator, Out of School Education
On Campus Program Co-ordinators
Co-ordinator Prov. Services
Provincial Consultants
Program Staff
Other Services Staff
Clerical
Maintenance
Food Services
Custodial
Laundry
Medical
Security
Domestic
Braille Transcription
Accounting

Organizational Chart Figure 2-1

On the basis of the figures shown in Tables 2-1 and 2-2, in the school year 1985-86 APSEA was providing services to more than eleven hundred handicapped children. The final tabulations in this section show the numbers of APSEA service providers - staff in the two resource centres and to the APSEA office.

TABLE 2-5

APSEA SERVICE PROVIDERS: NUMBER OF POSITIONS
1986-87 SCHOOL YEAR

	APSEA	APRCHH	APRCVI
Administrative staff*	4.5	16	16.2
On Campus - instructional staff	-	39.5	29
- child care staff	-	41	45
- other support staff**	-	47	19.6
Outreach - instructional staff	-	52	28.4
- other support staff***	-	7	-

*administrative staff - includes superintendent, directors, program consultants, teacher educators, assessment team, braille transcribers, accounting, and clerical.

**other support staff (on campus) - includes staff not involved in direct instructional services (medical, clerical, food services, domestic, janitorial, and maintenance).

***other support staff (outreach) - includes paraprofessional staff.

SECTION 3

CONTEMPORARY ISSUES IN SPECIAL EDUCATION AFFECTING APSEA

At the outset of its work it became clear to the Committee that it would be necessary to take into account a number of important political and philosophical forces which have helped to shape the direction of public special education in Canada over the past decade. Several specific, often interrelated issues were identified - these will be discussed in the following subsections.

3.1 Mainstreaming/Integration

The movement away from providing segregated placements for handicapped children in self-contained classrooms and schools was already well under way in the United States and Canada at the time of the first **Kendall Report** to the Ministers of Education of the Atlantic provinces in 1973. At that time the fullest possible integration of handicapped children within regular schools and classes had been strongly endorsed by the report of the national CELDIC Committee (1970), and moves in this direction were beginning to exert a measurable influence upon the policies and practices of provincial departments of education and local school districts. In the United States the mainstreaming movement received considerable impetus from the passage of PL 94-142 in 1975. At the present time, a review of provincial legislation and policy statements from public educational authorities across Canada clearly supports the principle that, wherever possible, children with special educational needs should receive their education in or as close to the "mainstream" as possible. Although statistics relating to the effects of this policy are difficult to interpret, it can reasonably be concluded that over the past ten years, the number of Canadian children with special educational needs served exclusively in segregated educational or custodial settings has been significantly reduced, and that there has been a corresponding increase in the number of such children, including those classified educationally as moderately or severely handicapped, who spend at least part of their school day in regular classrooms.

Such a radical change in the direction of public policy has not been achieved without a good deal of concern and apprehension on the part of both regular and special education teachers, as well as from others, such as parents, intimately affected by its implications. This is not surprising. Integration of handicapped children within the regular classroom - if it is to be successful - not only requires changes in the curriculum and in methods of teaching and educational management, but also causes regular and special education teachers to undertake a searching and sometimes painful reevaluation of their own roles, responsibilities and competencies. Unsuccessful integration, on the other hand, tends to lead to confusion and breakdown in the system, ill feeling and attributions of blame among teachers, and, in many instances, additional educational and social-emotional handicaps for children.

Much of the available North American literature on mainstreaming and integration has not distinguished between these two terms. However, the literature overwhelmingly reflects the views and findings of educationalists and researchers from the United States. A comment that has recently been made by a Canadian educator is worth noting. After pointing out the cultural and historical differences between the United States and Canada with respect to assimilation versus cultural pluralism (the "melting pot" as opposed to the "mosaic"), Bowd (1987) suggested that the concept of mainstreaming as it has been developed in the United States is consistent with the U.S. cultural tradition of assimilation, but may be inappropriate and misleading when applied to Canadian cultural institutions such as schools. In Bowd's view the term integration "is to be preferred because it reflects the pluralism of Canadian society, implies acceptance of differences through interaction of exceptional children and their peers and suggests positive directions for (intergroup) research" (Bowd 1987, p.77).

It is clear that the policy of mainstreaming/integration has the potential to alter profoundly the definitions of, and distinctions between, special education and regular education. Our main concern in this report is with those categories of children with special needs who have been, or might be, served by APSEA. In this context we believe it is important to state that the first objective of any educational intervention or program for a child who has been properly and appropriately identified as having special educational needs is to describe as fully and carefully as possible what these needs are. It is never enough to label or categorize a child - his/her individual educational needs and objectives must also be set out clearly, specifically and operationally, together with a plan for their implementation. A statement of this type is often called an individual educational plan (I.E.P.). Such a plan should be understood and agreed to by those who have responsibility for the child - i.e. his parents and his teachers, and it is essential that all these individuals participate in the process of formulating it. In our view it is of great importance that APSEA continue to show clear and committed leadership not only by requiring that in this critical area its services to children are based in each case upon a clearly formulated I.E.P., but also by working with provinces and school districts in order to determine useful and functional formats for the I.E.P. statements, as well as clearly defined guidelines for the processes by which they are formulated and reevaluated. (See Recommendation 3.601).

For most if not all handicapped children, I.E.P.'s should be broad enough to include both academic and nonacademic objectives such as aquisition of personal and social skills. This permits the formulators of the I.E.P. to examine integration from an operational rather than from a philosophical standpoint, with respect to both academic and nonacademic objectives.

The 1973 Kendall Report was almost exclusively concerned with the needs of hearing and visually impaired children. The report and its recommendations clearly support the principle that, "Wherever possible, these children should not, for purposes of their education, be separated from their homes nor segregated from their non-handicapped peers" (p.5).

The Kendall Report envisaged a move away from the residential schools as providing the only, or principal, setting in which hearing and visually impaired children would be educated, and the importance of local school districts having "the responsibility for ensuring that the educational needs of handicapped children are properly provided for" (p.6), with the first approach being to try to do this at the local level. As the material in Section 2 has shown, both APRCHH and APRCVI have in recent years devoted a significant proportion of their human and fiscal resources to the development and maintenance of the off campus or outreach services in Nova Scotia, New Brunswick and Prince Edward Island. A similar policy has been followed by the Newfoundland and Labrador Department of Education. As a result, the majority of hearing and visually impaired children in the Atlantic region are now being served at the local level, many of them in classrooms where they are integrated with the nonhandicapped peers. In sharp contrast, however, the involvement of APSEA with learning disabled children has from the outset been restricted to arrangements for providing placements in segregated programs such as Landmark East, though it should be noted that the stated aim of these programs is to prepare pupils for their eventual return to regular schools. (For a further discussion and recommendations relating to APSEA services for learning disabled children, see Section 7.4, below).

Both historically and fiscally, the major thrust of APSEA's services has to date been directed towards meeting educational needs of children with auditory and visual impairments. In the context of academic and social integration, it is important to realize that in the regular school system hearing impaired children face a distinctively different set of barriers from those encountered by the visually impaired. The differences primarily arise because of the serious and far-reaching effects of hearing impairment upon the development and use of the verbal language system which pervades and dominates three of the most significant educational forces - curriculum, instructional methods, and social interactions.

For the most part, visually impaired children who are not multihandicapped do not experience serious difficulties in verbal language acquisition, and usually enter school with well-developed language competencies, able to participate on an oral level in social and academic interactions. This is not in any way to minimize the many barriers which stand in the way of a visually impaired child's academic and social development in an integrated setting - restrictions in the use of print; the replacement of print by less time-efficient systems such as braille or audio tape; problems associated with the production of written language; difficulties with orientation and mobility and potential social isolation, to name but five. But over the past years, the experience of APRCVI, along with other public educational administrations in North America, has clearly demonstrated that visually impaired children of normal intelligence, and without other educationally significant handicaps, can be successfully integrated academically with nonhandicapped peers in public school settings provided that adequate support systems are in place, and the attitudes of school staff are positive.

By contrast, in the regular school system hearing impaired children, particularly those with severe hearing impairments, not only encounter difficulty with interpersonal oral communication in the classroom and with their peers because speech is not an efficient means of communication for them. But far more than this, it is their difficulties with mastering the vocabulary and syntax of verbal language which creates the greatest educational handicap, and requires long, careful and skilled teaching before they can begin to gain access to, let alone master, the aspects of the curriculum that in our schools are formulated and presented in ways that assume pupils start with, and continue to develop a sophisticated knowledge of the mother tongue. For many severely/profoundly hearing impaired pupils these difficulties cannot simply be "fixed up" by placements in regular classes supported by the provision of tutors and interpreters. The majority of these students need what is in effect a revamped curriculum at all grade levels, one that recognizes and addresses deaf children's difficulties in achieving even a minimal standard of literacy, and utilizes teaching methods that exploit and capitalize upon pupils' true cognitive potential.

It should also be recognized that the educational handicaps of hearing impaired children cannot be predicted or stated in a simple black and white form. Not only are there variations in the degree of hearing impairment, but more significantly, there is, in effect, a continuum of educational handicap, along which an individual pupil's place at any time will reflect the influence of several variables in addition to the severity of the hearing impairment - for example, cognitive ability, facility with language, early training and personality. The planning and operation of a system such as APSEA has to be able to respond to the needs for its services throughout this continuum, and to recognize that an individual pupil's needs may change as he/she gets older. Some quite severely or even profoundly hearing impaired children may be able to function successfully in an integrated setting with relatively little support; at the other end of the continuum, most severely/profoundly hearing impaired children, and a few of those who are mildly or moderately hearing impaired will probably function better academically in a specialized setting. In this context, the **Integration Instrument** designed and tested by members of APRCHH provides a valuable and relatively objective approach to aid those involved in decision making about the placement of hearing impaired children in integrated settings. The Committee was very favourably impressed by the careful and systematic way in which the Integration Instrument had been prepared, and by its potential usefulness in individualizing educational programs for hearing impaired children.

In the most general terms we believe that APSEA, along with other providers of special educational resources, should see integration not so much as an end in itself, or as an inalienable right, but rather as a high priority component in special educational planning. In such planning we have to be guided by pragmatism, empirical evidence and a respect for individual differences, as well as by a clear sense of goals and values. 'Handicapped' children need to be prepared as fully as possible for living in a world that includes those perceived by society as nonhandicapped as well as those perceived as handicapped. There needs to be emphasis upon social skills and cultural values, and upon fostering a positive sense of self-worth, as well as upon the achievement (often through the use of specialized techniques) of academic and vocational skills and competencies. Educators and others continue to argue about the relative priority to be attached to these sometimes apparently contradictory goals, as well as about the best means of achieving them. It seems reasonable to assume that with so many individual factors to take into consideration, APSEA needs not only to continue to provide a continuum of services, but also to pay particular attention to the teaching/learning environments. In this context the value of empirical studies such as those upon which the Integration Instrument was based should be clearly recognized. Nor should APSEA neglect its potential role in helping schools and teachers to prepare for the integration of handicapped children by the dissemination of up-to-date information and active involvement in inservice education of public school personnel.

Finally, APSEA has to address some rather specific questions raised by educating handicapped children in integrated settings. Although it is to be hoped that most decisions about placements of hearing and visually impaired children will be reached by consensus, in cases of disagreement, who has the final say? If a child is placed in an integrated setting against the advice of APSEA personnel what are APSEA's obligations to the child, his/her parents or to the school district? In such a case, are there limits to the amount, type and cost of service received by the child, and funded by APSEA? Who decides about these limits, and how is such a decision made?

These questions are raised, not as an intellectual exercise, but for the more pragmatic reason that they seem to call for well-defined policies and procedures on the part of APSEA and the participating governments - especially as they reflect the kinds of issue that in Canada have begun to be tested in the courts. In the formulation of general principles we have supported the rights and responsibilities assumed by parents in our society for making decisions relating to the placement of children in educational settings. Of course, it has to be recognized that professionals will not always agree with the decisions actually made by parents, and may sometimes see these decisions as contrary to the needs and interests of the child. But, except in extreme cases, (for example where there is also independent evidence of physical, emotional or sexual neglect or abuse) it would be difficult to support an attempt to remove a child from parental custody on the grounds of failure to conform with even overwhelming professional advice about the need for a particular educational placement. In most instances the evidence shows that parents will accept and comply with professional advice, particularly if it is seen to have been based upon careful firsthand study, has been clearly and intelligently formulated, and fully discussed with the parents. Hence the emphasis we have placed upon well-articulated policies and procedures.

Even so, one of the implications of the preceding discussion is that, as a result of parental decisions about placement, children may be in danger of receiving inadequate or inappropriate services in a local community setting. One solution to this difficulty would be for the school district to request additional services from APSEA, consistent with those formulated in the I.E.P. From the standpoint of APSEA, the decision would then become one of determining the extent to which a possibly "second best" program should be funded. In the Committee's view, it would be consistent with the principles expressed in this report for APSEA, in partnership with the school district and the province of residence to make every effort to provide the specialized services needed by the child. Therefore, we recommend that program and placement decisions should reflect an educational setting in which APSEA, in partnership with a school district, can best make available the very specialized support services a child may require (see Recommendation 3.602).

3.2 Human Rights

It is clear that any current review of contemporary issues in Canada affecting special education must take into account the greater concern in Canadian society for individual human rights. This concern is now reflected in legislation at the federal level through the Charter of Rights and Freedoms, and at the provincial level through educational legislative provisions in most, though not all, Canadian provinces, as well as in the policies and practices of school districts. As Graham-Dickson (1987) has pointed out in a recent Canadian survey, the term "rights" can be interpreted as carrying at least three distinctive connotations - (1) timeless ideals which laws can neither grant nor remove; (2) concrete statements of these ideals as established through tradition and the common law; (3) only those protections currently contained in Acts of Parliament and the provincial legislatures. In debates and discussions, these distinctions are often blurred.

More specifically, human rights issues identified in recent Canadian literature, of particular interest to special education include the following:

(a) issues related to the 'right of education', particularly the concept of universality of application or "zero reject";

(b) issues related to equality in education which include the avoidance of discriminatory practices, integration, access to education, protection of minority rights;

(c) issues related to the provision of appropriate education;

(d) issues related to compulsory attendance;

(e) procedural rights;

(f) issues related to affirmative action and normalization;

(g) issues relating to the quality of education - learning outcomes.

Two of these issues, integration and procedural rights, were discussed in the previous subsection, 3.1, though in a somewhat different context. In Committee discussions and the reaction papers particular attention was paid to the concepts of universality, appropriate education, integration, access to education, the protection of minority rights, procedural rights and the quality of education. Although a comprehensive discussion even of these selected human rights issues would be out of place in the present Review, the following comments will serve to draw attention to our main concerns and the direction of our thinking.

3.21 The Right to Education: Universality/Zero Reject

Despite the fact that in all ten Canadian provinces school attendance is compulsory within age and other limitations, it has been claimed that Canadian law does not contain a clearly defined, universally applicable statement protecting every child's "right to education" (Graham-Dickson 1987).

In terms of the universality of zero reject issue, the critical questions are "are all children educable?" and "do school authorities have the right to refuse to provide education to any child?" Three of the Atlantic provinces, Nova Scotia, New Brunswick and Newfoundland have included in their legislation some form of mandatory provision for special education for handicapped pupils, though a careful reading of the relevant clauses in the Acts or Regulations does not appear to show that these go as far in the direction of universal application as, for example, the legislation in Saskatchewan, Manitoba and Quebec or, on the other side of the Atlantic, the British Education Act of 1981. However, quite apart from the adequacy of legislative provisions, and their importance in affirming the directions of public policy with respect to human rights, it is clear that provincial departments of education and school districts have begun to provide services for severely and profoundly handicapped children who, not so many years ago, would have been regarded as ineducable, and excluded from the jurisdiction of public education.

The Committee's discussions in this area were focussed on three main aspects of providing services to severely or profoundly multihandicapped children, (1) the principles upon which services could legitimately be based, (2) the parameters of the services likely to be needed and (3) the implications for APSEA.

With some reservations, Committee members supported the principle of universality, that all children have the right to receive an education, no matter how severely handicapped they are, and that public education authorities have the duty to provide that education. We did not reach consensus on a second, and related principle, that the right to education implies that the education should be received in a public educational setting. However, we were able to agree that this principle should generally be followed, except when such placement was clearly inadvisable on medical grounds. We felt that in this population it was important to distinguish between provisions for care, medical treatment and education, which we saw as distinctive and separate components of service. We recognized, however, that in practice, the boundaries between these components were not always easy to draw, particularly for the most severely disabled children. Within these parameters we considered that it was the responsibility of education authorities to provide the educational component. We also recognized that it was often extremely difficult, if not impossible, to distinguish between the relative contributions of, for example, a brain impairment, a hearing and/or visual impairment and a motor disability to the learning or educational handicap presented by the child. From an educational standpoint this is not important, since all of these aspects will (or should) be taken into account when planning a teaching program. But from an administrative standpoint it should be noted that a relatively minor hearing or visual impairment may lead to a classification in a category for which well-developed services such as those provided by APSEA already exist. The report will examine the implications of this possibility in a later section.

It is also important to examine the nature of the educational component in working with severely/profoundly multihandicapped children. Here it seems valid to make a distinction between those with sensory and/or physical impairments whose cognitive potential appears to be relatively unimpaired, though often masked by the other disabilities, and for whom a modified 'academic' curriculum may be appropriate, and those whose sensory and/or physical impairments are accompanied by a significant and pervasive cognitive impairment, and for whom the educational objectives are likely to be concerned with more limited developmental outcomes. As has been stated, this distinction is often difficult to make at the level of even sophisticated initial multi-disciplinary assessments, and often only emerges as a result of more prolonged study, observation and testing in a setting in which the results of stimulation and teaching can be systematically evaluated. It is thus critically important that skilled teachers be involved in this process of extended assessment, and that the educational system itself be able to provide appropriate programming for the whole range of children in both the 'academic' and the 'developmental' domains. Special education teachers play an essential and direct part at the extended assessment stage, and in the modified academic program for those children for whom this is an appropriate option. But the Committee saw their role in what we have described, for lack of a better term, as 'developmental programs' - i.e. those concerned with an individual's acquisition of very basic learned behaviours such as attending to a stimulus or interactions with others - as being more concerned with planning, supervision and consultation, and involving less direct hands-on participation in the daily program and activities. We envisage that much of this program would be delivered by personnel other than special education teachers, such as special education aides or assistants, working under the direction and supervision of a teacher. Finally we had serious concerns about the practice of providing services for severely/profoundly multihandicapped children in public school settings without adequate provisions for the care and medical components where these were required. This led us to the conclusion that, ideally, school-related services for this population would best be planned, delivered and funded co-operatively among education, health, and social services. (See Recommendation 3.604).

With respect to the implications for APSEA, we began by recognizing that APSEA was already involved in providing services for multihandicapped children with visual or auditory impairments at both resource centres and through the outreach programs. These services include the Fearon Unit for deaf-blind children and the program for multihandicapped hearing impaired children at Amherst, and the services for multihandicapped visually impaired children at APRCVI. We have already commented on the possibility that these valuable and necessary resources could become overloaded by including children whose hearing or visual impairments seemed to play a relatively minor part in contributing to the educational handicap. An even more serious problem would arise if the number of multihandicapped children requiring what was characterized above as 'developmental programs' were to increase, and to remain in the centres for long periods of custodial care. We were reassured by the evidence from the resource centres that these potential dangers were well recognized by the staff of the centres. However, we consider that this is an important area for APSEA policy to be clearly spelled out, and have tried to address this in our recommendations in a manner consistent with the principles expressed in this section, and elsewhere in the report. (See Recommendations 3.603; 7.5209; 7.5210).

In more general terms we believe that it is entirely appropriate, and will become more necessary, for APSEA to become considerably involved in working with the four provinces in providing direct and support services for children located at the severe/profound end of the continuum of educational handicap. Seven distinctive aspects of actual or potential APSEA involvement were conceptualized:

(a) long-term educational management in a residential setting (e.g. the deaf-blind unit);

(b) shorter-term assessments, either through residence in the resource centres or in local settings;

(c) teaching services through outreach programs;

(d) consultant services to provinces and districts;

(e) personnel training;

(f) research;

(g) participation with provinces in planning needed services.

In the first instance, however, we recommend that APSEA enter into discussions with the provinces about the issues identified in the education of multihandicapped children with hearing and visual impairments, and, as well, to determine whether there is a demand for APSEA services for other multihandicapped children. If there is support from the provinces for APSEA's involvement in these services, we anticipate that the next steps would be to begin to gather information about the size of the problem through obtaining prevalence estimates and carrying out a needs assessment of the population, preferably on a multi-disciplinary basis. (See Recommendations 3.603; 7.5209).

3.22 Our remaining comments under the broad heading of human rights issues can be more briefly stated. In the most general terms we believe that it is important that the policy governing the provision and delivery of educational services to severely and profoundly handicapped children be clearly and specifically formulated. APSEA's position must, of course, be consistent with the policies of the four governments which have the primary and ultimate responsibility for children and youth receiving APSEA services. Although it did not appear to us that there were major differences between the provinces with respect to the general thrust of their policies applying to the issues that have been identified, there are certainly differences between provinces in the priorities that seem to have been attached to them, and the extent to which they have been clearly and specifically formulated through legislation and guidelines.

We see APSEA as being in a unique position to provide leadership through its formulation of exemplary policies and practices in these highly visible areas of interface between the providers, deliverers and recipients of service. There is thus, in the Committee's view, a need for continuing dialogue between APSEA and the provinces in order to achieve a satisfactory marriage between principles and practices in the context of human rights issues. In this dialogue, one of APSEA's roles - like that of special education in most educational systems - is that of an advocate for the needs and interests of its constituents.

Most of the human rights issues identified at the outset of the Review and listed earlier in this section of the report, fall into two broad categories, one concerned with a child's "educational rights" and the other with the "procedural rights" of parents or others acting on behalf of a child. The protection of educational rights of children is, in part, a matter of ensuring that children with special needs are treated equally and nondiscriminatively by school systems, and in part requires efforts to ensure that the special services offered to each child are appropriate for his/her needs. The procedural rights of parents and others refer to the right to be consulted and to participate in the decision-making process of education - assessment, program planning, placement and review. These rights may be clearly stated in school law - though this is at present rare in Canada - but are more commonly addressed through procedures formally or informally adopted by school districts and government departments, including mechanisms for appeal.

While it is impossible to guarantee through legislation the quality of effectiveness of education, the educational rights and interests of handicapped children and of their parents stand a better chance of being protected when the principles underlying these rights and interests are understood and accepted by education authorities and formulated through clearly defined procedures such as those leading to individual educational plans, for example, or appeal procedures such as those provided by the Ontario legislation (though we found the Ontario procedures unnecessarily complex, and would like to see a very much simpler version). Through the ways in which the services of the resource centres have been organized and delivered, APSEA has already laid the foundations for establishing more comprehensive and effective procedures. We believe that in a climate of increasing public concern in this area, this is an urgent task to undertake.

3.3 Decentralization

Information received from across Canada suggests that in many provinces there has been a growing movement towards the decentralization of responsibility for the planning and delivery of special education services. To date this trend has been most noticeable in services for mildly handicapped children, though it has also begun to affect services for the more severely handicapped. In many administrations, decisions about the planning and allocation of special education resources are increasingly being at the level of the individual school. This has required a reappraisal and realignment of roles and functions at district and department levels, as well as creating the need for a greater degree of expertise to be available at the school level. Although it seems that the trend towards decentralization may have developed more strongly and more rapidly in the Western provinces than in the Atlantic area, the most recent indications from all four Atlantic provinces clearly seem to be pointing in the same direction. If our information is correct, the movement towards decentralization of control of services has important implications for APSEA's outreach services, and indeed for some redefinition of the roles that APSEA may be required to play in the future. These implications are discussed more fully in a later section of the report (see Sections 5.34; 5.4). At this point we would simply like to underline the point made earlier in the discussion of integration, that it is virtually impossible for a hearing or visually impaired child to derive full academic and social benefit from receiving educational services in a regular school in his/her home community, unless that school perceives and accepts a major share of the responsibility for creating the conditions in which the child's educational needs will be met. From our discussions with staff, and our visits to schools, we had the impression that the present system of APSEA outreach services was working best when the principal and other teachers in the school clearly recognized the importance of their involvement and participation in the child's daily program, and demonstrated this in their attitudes and activities. In these circumstances there was a positive partnership between the school and APSEA outreach services, with school staff having assumed and exercised a real sense of responsibility for the child. But in other schools these ingredients sometimes seem to be missing. The specialized services are provided, but in the partnership between APSEA and the school, one of the partners is sleeping.

In general, we support the principle that the control of and responsibility for special educational services, should reside with the school district. In the case of hearing and visually impaired and other low incidence categories of handicapped children we recognize that in most areas of Atlantic Canada some of the specialized components of these services will necessarily be obtained from outside the local area, from APSEA or provincial departments of education. However, we need to emphasize the point that in many instances the schools which provide the educational settings for handicapped children also need preparation and support services in the form of training programs and materials and access to technological supports in the form of hardware and software. Both resource centres have recognized these needs and have made significant efforts to address them. But much more will be required before movement in the direction of greater local control can be supported without impairing the quality of services to hearing and visually impaired children. Implementation of a deliberate policy of decentralization requires far more than a policy change.

3.4 Fiscal Issues

Fiscal restraints upon education have become a reality of life throughout Canadian public educational systems in the 1980's. Without pretending to any expertise in economic forecasting, the Committee has taken the view that this situation is unlikely to change over the next decade. We have therefore tried to keep this judgment in mind as we approached and conducted our task.

Four distinct, though somewhat interrelated aspects or questions seemed to us to be relevant and important in this area: (a) the amount of money made available in government budgets for special education; (b) priorities in special education funding; (c) cost effectiveness and (d) accountability. Of these, the first two aspects are directly concerned with the quantum of government expenditures, and thus require political decisions, while the last two are concerned with questions related to the quality of education - for example, 'will spending more produce better quality?' - which can sometimes be addressed empirically, but in this way will eventually exert influence on political decision.

We saw no reason to depart from the principle formulated by the 1973 Special Education Committee in their report to the Ministers of Education of the four Atlantic provinces, that 'Special education services must be of high quality'. Nor do we disagree with that report's qualifying statement of objectives: (a) "that the services provided are of the highest quality consistent with the social policies of the governments; (b) that children receive maximum benefit from them and (c) that governments and taxpayers get the greatest value for their money. We are convinced that these objectives can only be ensured by the frequent and systematic evaluation of special education services" (p.4).

The data we have gathered from other Canadian provinces does not show that to date there have been significant reductions in educational services to the hearing and visually impaired or other severely handicapped children during the recent period of fiscal restraint. There are some indications to suggest that services for children with less obvious or less severe physical or intellectual disabilities, and those who do not fit neatly into apparently well defined categories, are beginning to be affected adversely by budgetary restrictions. If we combine these impressions with the movement towards integration of mildly handicapped children in regular school programs, and the trend towards decentralized control of special education services, it seems reasonable to anticipate that there will be growing pressure for redistribution of educational funding between special education and regular education in order to provide more support services for regular teachers as they attempt to accommodate children with special needs in their classrooms. At the same time, in what may become a "battle for control" between traditional education and special education jurisdictions, we may expect an increased demand for justifying the high cost of providing special education services for more severely handicapped children through evaluation or cost-effectiveness studies.

The determination of cost effectiveness in education is both complex and controversial, since the 'effectiveness' side of the equation has to be measured in a form which is at the same time statistically reliable and philosophically defensible. 'Learning outcome' measures such as curriculum referenced and norm referenced tests have both their advocates and their critics, but do appear to provide reasonable if crude measures of instructional efficiency when applied to 'normal' populations of students exposed to standard curricula. However, this system seems to break down completely when it is applied to heterogeneous populations of atypical learners following individualized programs, often on non standard curricula. Categorical labels such as hearing impaired or visually impaired, even when they are broken down into subgroups on the basis of severity of impairment, for example, further compound the problem by conferring a spurious appearance of homogeneity on the groups thus labelled. Comparisons between groups or between an individual and a group are, for these populations, often meaningless and misleading as measures of 'effectiveness' of educational intervention.

Special education has not so far been able satisfactorily to resolve these problems, though some promising approaches have been reported in curriculum-based assessments, for example. Yet the issue is likely to be of critical importance in the battle for a share of the fiscal pie, and, we believe - though it is difficult to demonstrate this - the maintenance of high quality services.

The governments of the Atlantic provinces have unmistakably demonstrated their commitment to the education of hearing impaired, visually impaired, and other severely handicapped children through their support of APSEA and of individual provincial programs. In meetings with senior officials in all four provinces and in our Committee discussions, we did not have the impression that this commitment was in any danger of weakening, though in some quarters we were made aware of specific concerns - the relatively high cost of administering APSEA's outreach services, for example, and the need for greater emphasis on APSEA's resource role. Both of these concerns will be addressed in the next sections of the report.

With respect to the issues relating to the quality and effectiveness of services, we noted that throughout the APSEA organization there have consistently been attempts to evaluate specific aspects of programs and services through external evaluations (particularly at APRCHH), surveys by users and consumers, indepth studies by committees and by systematic data collection on pupil progress. We noted, too, that the Program Advisory Committees have been active in promoting and encouraging these activities. Systematic procedures for personnel evaluation have been established. However, much remains to be done, particularly in the fields of curriculum development and developing methodologies for evaluating the effectiveness of instructional techniques with APSEA's heterogeneous populations.

As we have conceptualized them, there is thus a close and complementary relationship between fiscal issues and the quality of education. We should also recognize that, in some people's view, school systems may be held legally accountable (as opposed to a professional or moral obligation) for their failure to produce particular or satisfactory outcomes expressed in terms of the amount or quality of a child's learning. To date there has not been, so far as we have been able to determine, a Canadian case which has tested this question of `learning outcomes' in the courts. "The rulings in American Courts in educational malpractice suits ... have consistently refused to award damages in any case alleging that a student did not achieve certain learning outcomes because of inappropriate program design or incompetent delivery of special education services" (Graham-Dickson, 1987, p.84). American Courts have, however, required school boards to conform with statutory provisions for enrolment, or the provision of properly formulated I.E.P.'s. Some Canadian authorities have concluded that Canadian courts would, in all probability, reach similar decisions, though others (Smith, 1980; Foster, 1986) have suggested that there is no reason why teachers should have immunity from allegations of professional negligence. Litigation may thus provide another and expensive form of quality control for educational outcomes - though we have to state that we do not believe that the courts are the most appropriate forum for reaching decisions about education. (See Recommendation 3.605).

3.5 Technological Developments

Finally, we need to recognize the far-reaching implications of recent technological developments for the planning and delivery of services. For example, the rapid growth of computer-assisted instructional programs; the technology which permits an individual to access and transmit information in a variety of codes and modalities despite severe or profound sensory and/or motor impairments; improvements in optical and electronic devices for magnifying and projecting visual images; surgical techniques for bypassing the cochlea and restoring some measure of hearing; the applications of artificial intelligence studies; the development of instruments which enable even a severely physically handicapped person to control many of the mechanical operations involved in interacting with his/her environment - all of these have enormous potential for changing the lives of handicapped individuals, not least in the educational field.

We are convinced that for handicapped pupils in the Atlantic provinces to receive full benefits of these exciting technological developments, it will be essential for APSEA to be able to devote a much larger proportion of its human and fiscal resources to the purchase of equipment and materials, to training programs for teachers and other staff and research concerned with the application of technology to the educational needs of the students included in its mandate. (See Recommendation 7.5205).

3.6 Recommendations - Section 3

We recommend that -

3.601 APSEA participate with the four member provinces in determining useful and functional formats for individual education plans (I.E.P.'s) for APSEA pupils, together with clearly formulated guidelines for their use (see Section 3.1);

3.602 Program and placement decisions should reflect the educational setting in which a school district, in partnership with APSEA, can best make available the very specialized support services a child may require (see Section 3.1, pp. 26 and 27);

3.603 APSEA work with the four participating provinces in formulating clearly stated policies governing the provisions and delivery of educational services to severely/profoundly multihandicapped children (see Section 3.21);

3.604 APSEA and provincial departments of education take steps to ensure more participation of other arms of government such as health and social services in fiscal and other provisions for severely/profoundly multihandicapped children who require significant health and other services as a condition of their educational placement (see Section 3.21);

3.605 APSEA develop measures more appropriate for assessing academic progress of children served by APSEA programs (see Section 3.4).

SECTION 4

THE REVIEW OF APSEA: GENERAL PRINCIPLES UNDERLYING THE COMMITTEE'S RECOMMENDATIONS

4.1 Principles

In approaching our task we thought that it was important to try to formulate some of the principles which, in our judgment, should underlie the planning and operation of special education services for handicapped children, particularly those which are provided on a collaborative basis between an intergovernmental agency like APSEA, provincial departments of education, and local school districts.

At its second meeting in December 1986 the Committee reexamined the statement of principles contained in the 1973 Report of the Special Education Committee to the Ministers of Education, (especially pp 2-6) and concluded, not only that these formed a useful starting point for our own deliberations, but also that they were as clearly relevant to our task in 1986 as they had been for the earlier committee in 1973.

After referring to the three principles concerned with education in the Declaration of Rights of the Child adopted by the United Nations General Assembly in 1959, the 1973 report stated:

> "(1) The extent to which it is possible to translate these principles into educational action for handicapped children depends in part upon the will of the people, in part upon the development of an educational technology able to help the developing child compensate for his severe physical and/or mental abilities. We have gradually begun to realize that much of what makes up the 'handicap' of the disabled person stems not so much from the disability itself as from the attitude and behaviour of other people towards the disability. This is not to say that we should underestimate the real, and crippling direct effects of blindness or deafness, for example, upon behaviour and development. Neither should we ignore the technical advances which have produced powerful miniature hearing aides for the deaf, or reading machines for the blind, nor the high level of professional competence required by a teacher of deaf or blind students. But we must recognize clearly the social isolation of the deaf and blind individuals in our society is as much a part of their handicap as the sensory disability itself, and that we have to some extent contributed to this by segregating and isolating special schools from the mainstream of education.

The 'will of the people' implies something more than the acceptance of financial responsibility for costly special education programs. It implies also the readiness to accept the handicapped as fully participating members of society, as equals rather than as second class citizens. We should not assume that this is yet the case in Canada. But we are encouraged by the interest shown by the governments of the Atlantic provinces in the special education of handicapped children, and by the support given by governments to the services which have already been developed, encouraged enough to be confident that the governments will wish to continue to give leadership in this field. We believe that at this present time significant steps can be taken in the Atlantic provinces to improve educational and other services for handicapped persons, and that, in this particular area, much can be gained by close co-operation between the four governments. By co-ordination and co-operation, by joint planning, and in some instances by joint funding, by the sharing of ideas and information, it should be possible not only to improve the quality and effectiveness of the services that are provided or proposed, but also to do so with maximum economic efficiency."

The 1973 committee then stated their eight general principles as follows:

"(1) All handicapped persons have the right to be educated to the maximum of their potential.

There should be no exception to this. In most cases it will require the provision of special education services. We believe that this provision should be mandatory.

(2) Special education services must be comprehensive.

That is, they must cater to all types and degrees of disability, at all ages and stages of development. Comprehensiveness implies not only a wide range of educational services but also, among other things, efficient identification and diagnosis, parent guidance, counselling and vocational services.

(3) Special education services must be of high quality.

Special education services necessarily cost more than those of ordinary education. We are concerned here with three objectives: (a) that the services provided are of the highest quality consistent with the social policies of the governments; (b) that children receive maximum benefit from them; (c) the governments and taxpayers get the greatest value for their money. We are convinced that these objectives can only be ensured by the frequent and systematic evaluation of special education services.

(4) The ultimate responsibility for the planning, provision and evaluation of all public education services, including those offered to the handicapped, rests with each provincial education authority.

Essentially this principle is derived from the British North America Act. Although we have argued in favour of developing some programs for the handicapped on an interprovincial basis, we believe that the basic provincial responsibility cannot, and should not, be eroded by or become lost in interprovincial structures, and must be reflected in the form of these structures.

(5) The maximum and most effective use of costly and scarce human and physical resources is most likely to occur when special education services are planned, co-ordinated and operated on an interprovincial basis.

This is especially applicable to services for severely handicapped (low incidence) children. We are thinking here not only of schools and diagnostic centres, but also of training programs for teachers and other personnel, the setting of standards and adoption of other measures for evaluating programs, and the operation of vocational training programs.

(6) Wherever possible handicapped children should not, for purposes of education, be separated from their homes nor segregated from their nonhandicapped peers.

As the CELDIC report (One Million Children) argues, in most instances segregated special education should be a last resort rather than the only provision that is offered. Of course, there are some very severely handicapped children who will have to receive all or most of their education in a segregated setting. It must also be recognized that many handicapped children will need short periods of segregated instruction. The main implications are, however, that we need to examine modifications in the regular school systems which will enable handicapped children to be integrated without detriment to themselves or others, and that special services should be planned to be as accessible as possible to their consumers.

(7) The local school district should have the responsibility for ensuring that the educational needs of handicapped children are properly provided for, and should have administrative control over the special education services offered in, or in association with its school system.

This implies that the first approach will be to try to provide

> for the special needs of the child at the local level; the school district must, of course, have access to specialized facilities operated at a provincial or interprovincial level.
>
> **(8) Consumers - parents, representatives of voluntary associations, and citizens - should be represented at all levels on policy making and advisory groups concerned with services to the handicapped.**
>
> We believe that the 'consumer input', presently missing from so many decision-making and advisory bodies, in a democratic society supplies an essential and invaluable ingredient in the planning, operation and evaluation of services for the handicapped."

In the first place, the Committee wishes to express its general agreement with these principles, and to recognize their influence upon our own thinking and recommendations. Direct and indirect references to them have already appeared in the previous section of this report in the discussion of human rights and other issues, and will be found throughout the report. We should like to add three further principles which reflect some of the particular concerns of the present Committee.

4.11 **APSEA in its organization and delivery of services must continue to be sensitive and responsive to the unique needs and characteristics of each province and thus to the differences between provinces.**

APSEA is a creation of the four Atlantic provinces, and is dependent upon the participating provinces for its political and fiscal support. Each province has unique historical, demographic, cultural, linguistic, political and economic characteristics, and has developed its own educational system.

4.12 **In the organization and operation of its services APSEA should include detailed and specific provisions ensuring that the procedural rights of all students receiving APSEA services and those of their parents or guardians and the procedural rights of APSEA staff, are fully and adequately protected.**

Essentially, these procedural rights include (a) access to information, (b) consultation in decision making and (c) appeal procedures relating to these decisions. In the case of parents or guardians, consultation procedures are related to decisions about placement and/or services; in the case of staff, these decisions are related to the conditions of employment. (See Recommendation 4.301).

4.13 **An agency such as APSEA which provides special education and other services for handicapped children and their families, has a necessary and important advocacy role in representing the needs and interests of the consumers of its services to governments, other community agencies and to the general public.**

There are two quite distinct aspects of this principle. The first relates to the duty of an agency to provide governments with accurate information about the needs and interests of its clients, and to support, as strongly as it can, proposals designed to meet these needs and interests. The second, and quite different aspect of advocacy, is concerned far more generally with the promotion of the interests and welfare of its clients with other agencies and with the public at large. Advocacy in this sense may consist of interventions on behalf of individuals, or by publishing information which leads to a better understanding of handicapped children, or by formal and informal efforts to educate other people. (See Recommendations 4.302; 6.212; 6.215).

4.2 Conceptual Framework for the Review

Very early on in the Review we realized that we needed some kind of conceptual framework or model that would allow us to examine all of APSEA's components from as many angles as possible. We wanted to be able to gain a better understanding of the controls that have been set up within the system, the articulation of its components, the service delivery systems that have been developed, the forces that act upon the system, and the capacity of the system as a whole to reflect and be responsive to the needs and concerns of its various constituents. To do this, we needed to be able to describe what APSEA's services and roles were, who were involved in receiving, delivering and providing them and what other forces influenced the system as a whole, or any part of it. We began, therefore, by trying to develop a taxonomy of APSEA's human constituents and its present services and resources.

4.21 Human Constituents or Participants

These were divided into two groups, primary constituents and secondary constituents.

4.211 Primary Constituents

These are individuals, groups or agencies directly involved in APSEA operations, including those with legal or contractual obligations or responsibilities towards the recipients for the delivery of services.

(a) children/youth for whom APSEA services are provided (presently the hearing impaired, visually impaired and learning disabled);
(b) parents/families of children/youth served by APSEA;
(c) school boards in which the families of children/youth served by APSEA reside;
(d) the governments of the four Atlantic provinces;
(e) employees of APSEA.

4.212 Secondary Constituents

These are individuals, agencies or groups indirectly involved in, or affected by APSEA. This list includes, but is not limited to, the following:

(a) individuals, groups not employed by APSEA, providing services (e.g. medical, diagnostic, rehabilitative, recreational, vocational to children/youth served by APSEA;
(b) advocacy groups associated with the categories of handicap served by APSEA;
(C) professional associations, unions to which APSEA staff belong. (See Recommendation 4.303).

4.22 Types of Service Presently Provided by APSEA

We divided these into three principal subcategories - direct service, support services, and indirect services.

4.221 Direct Services to Children/Youth

(a) teaching - residential school
  - in day classes
  - integrated settings (itinerant and/or tutoring)

(b) diagnostic assessment
(c) vocational training
(d) counselling
(e) prostheses/orthoses and technological materials
(f) residential (24 hour per program)
(g) transportation
(h) home/community intervention
(i) individual progress evaluation
(j) specialized services for multihandicapped pupils
(k) preparation and provision of classroom teaching materials and equipment

4.222 Support Services

(a) staff training and education - preservice, inservice and advanced training
(b) parent education
(c) parent counselling
(d) vocational placement
(e) consultation to teachers and others

4.223 Indirect Services

(a) management/administration
(b) information/publications/communication
(c) research
(d) advocacy
(e) funding for placements outside the system controlled by APSEA
(f) curriculum development
(g) educational technology/resource development
(h) environment design
(i) program development
(j) program evaluation

(k) public education

Most of these services are presently provided for both hearing and visually impaired pupils through the programs located in the resource centres and through outreach and local services. There are provisions for francophone children, though these are in some respects limited. The services available under APSEA's mandate for learning disabled children are much more restricted. The inclusion of other categories of severely handicapped children could necessitate the addition of further types of service.

4.23 A Conceptual Framework Model

After identifying and classifying the human constituents or participants in APSEA, and the types of service presently being provided through the two resource centres and the program for learning disabled children, we tried next to conceptualize other factors or components which would complete the 'model' for our examination of APSEA. Three additional components were included:

(a) administrative services and operations
(b) general service roles
(c) political and socio-cultural variables

4.231 Administrative Services - Operating (Central Office and Resource Centres)

These include but are not limited to:

(a) organizational structures
(b) management
(c) policy formulation
(d) resources

4.232 General Service Roles and Functions (Central Office and Resource Centres)

These include, but are not limited:

(a) public relations
(b) advocacy
(c) information/publication

(d) public education

(e) professional training/development

(f) research

(g) liaison with governments and community agencies

4.233 Political and Socio-Cultural Variables

These include, but are not limited to:

(a) fiscal provisions and restraints

(b) legislative mandates and constraints

(c) government policies

(d) extension or restriction of APSEA's mandate

(e) human rights issues

(f) language rights

(g) accessibility of services

(h) mainstreaming/normalization

(i) quality/efficiency of services

(j) accountability

As we started to put the 'model' together, we realized that it was very important to distinguish between the educational and other services provided in the physical setting of the resource centres and the outreach or local services provided in the community. This distinction goes far beyond the physical setting, however. It reflects differences in educational philosophy with respect to segregation and integration. It recognizes that APSEA teachers in outreach services are required to play different roles and to develop different attitudes and skills from those required by their colleagues in the residential settings. The whole pattern of administrative relationships and responsibilities - between APSEA and schools, school districts and provinces becomes very much more complex in the outreach services. The amount of direct service to children provided by APSEA, especially through the itinerant and consultant services, is very much less than is the case in the residential centres.

To some extent, this difference in level of service reflects the lessened severity of educational handicap in populations served through the outreach services, though there are exceptions to this. As well the relationship between APSEA and the families of children served by the residential centres, where the centres assume responsibility for the day-to-day care of the children, is quite different from the kinds of relationships that seem to have developed in the outreach services. In the model, therefore, these two aspects, the resource centre services and the outreach services were separated.

In Figure 1, an attempt has been made to convey a visual representation of the various facets or components of the system in the form of a three dimensional box or cube. Each of the six sides of the cube represents a conceptually separate (or separable) component of APSEA. The four service areas -

(1) resource centres
(2) outreach
(3) general
(4) administrative
(5) the human constituents - five primary
- three secondary
(6) the political and social/cultural variables, of which ten have been identified.

This representation helped us to keep in mind some if not all of the factors that are constantly interrelated and impinging upon one another as we tried to examine particular aspects of APSEA operations, such as the outreach services, the resource centres or the organizational structures of APSEA. To use some current educational descriptors - it seemed to enable us to move "from our left brains into our right brains."

4.3 Recommendations (Section 4)

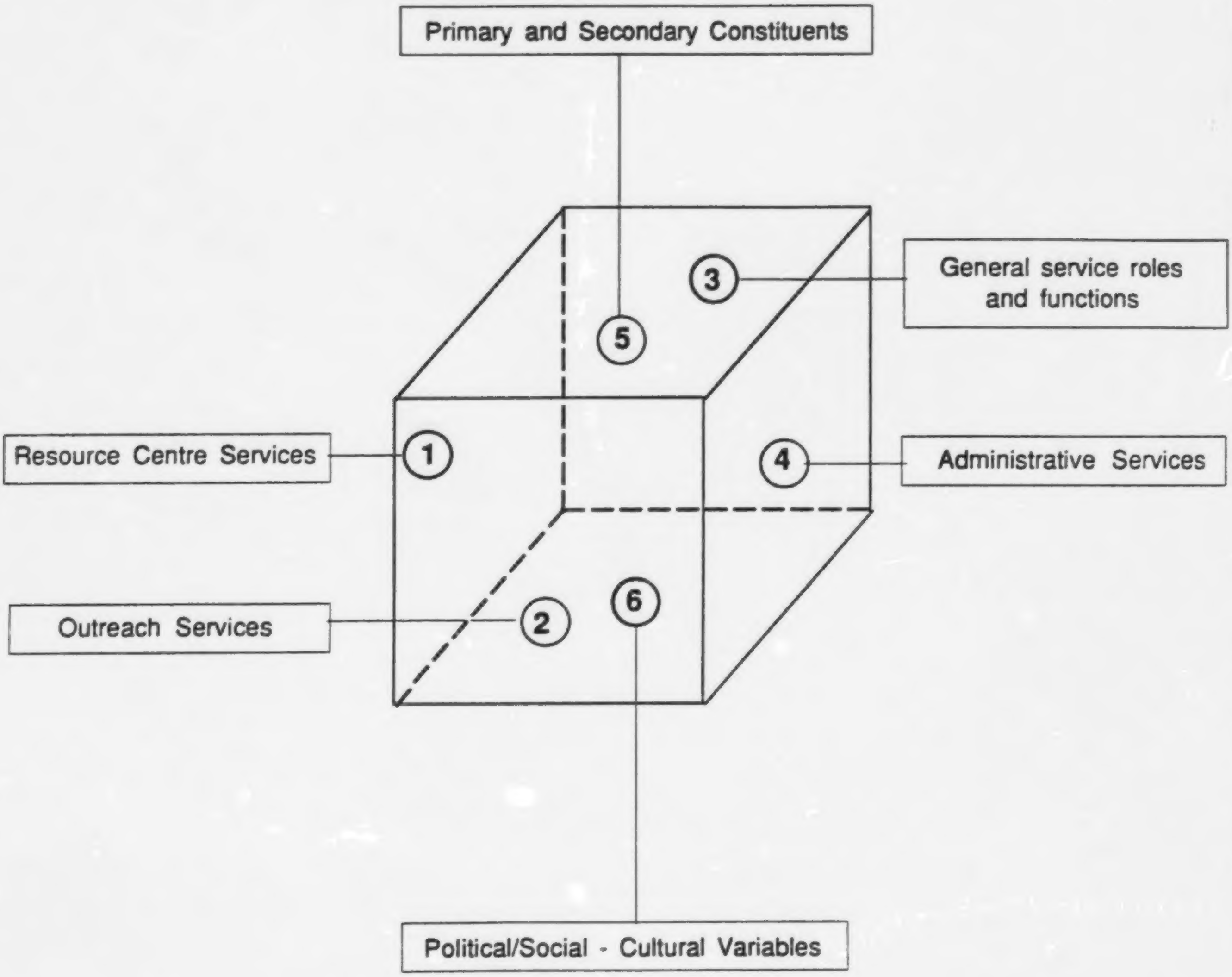
We recommend that:

4.301 In the organization and operation of its services, APSEA include detailed and specific provisions ensuring that the procedural rights of all pupils receiving APSEA services, and those of their parents and guardians, are fully and adequately protected;

4.302 APSEA continue to play a full part in representing to government, other community agencies, and the general public the needs and interests of the consumers of its services. (See Section 4.13);

4.303 In evaluating its services, APSEA keep in mind the needs and interests of all the five primary constituents identified in subsection 4.21 of the report.

Figure 1: Conceptual Framework for Review of APSEA.


Primary and Secondary Constituents
3
General service roles and functions
5
Resource Centre Services
1
4
Administrative Services
6
Outreach Services
2
Political/Social - Cultural Variables

SECTION 5

APSEA AND THE FOUR ATLANTIC PROVINCES

5.1 Introduction

We have already expressed and endorsed the central principle that APSEA, in its organization and delivery of services, must continue to be sensitive and responsible to the unique needs and characteristics of each province, and thus to the differences between provinces (see Section 4.11). Moreover, in the statement of principles in Section 4, we recognized that children are the educational responsibility of the province of residence and, within that province, the educational responsibility of the district in which their parents or guardians live. We recognize that parents have the primary responsibility for ensuring that their children are adequately educated; we believe that parents of handicapped children have the right to be consulted about and fully involved in, the process of deciding which special educational arrangements will be most appropriate and practicable for their children (see Section 3.22). We have also expressed our clear support for the principle expressed in the 1973 report that, as far as possible, handicapped children should receive their education in or close to their home community (see Section 4.1), and that measures for promoting and enabling integration with nonhandicapped peers should be included and promoted as an important part of educational planning for all handicapped children.

All of these principles and issues have particular relevance to the relationship between APSEA and the provinces. The views of the Committee with respect to these basic principles are essentially very similar to those expressed by the formulators of the 1973 report. If there is a difference, it arises in the emphasis we have placed upon the importance of APSEA recognizing the unique characteristics of each of the provinces, and being able to respond effectively to the demands for particular aspects or types of service which are needed. Provinces have to be able to identify and formulate their needs in general terms as well as quite specifically, as in the case of an individual pupil. APSEA has to have the mechanisms for processing these kinds of information, and the capacity for responding to them appropriately. In the Committee we were interested in trying to dissect and understand the various levels at which there is communication between APSEA and the provinces, and the channels through which the communications flow, and to make some attempt to evaluate the effectiveness of the systems. This, perhaps not surprisingly, proved to be a difficult task. The administration of special education is organized quite differently in each of the four provinces. Each of the two APSEA resource centres has developed its own system for operating its outreach services in the provinces where these have been established and for communicating with departmental and school board personnel. The resource centres have also developed systems for communicating with families and departments of education about children receiving residential services. The Superintendent and his staff at the APSEA office are centrally involved in all aspects of communication between APSEA and the provinces, as well as within the APSEA system itself.

Viewed from a different angle, on the most formal level, each province is equally represented on the APSEA Board, and is represented on the Program Advisory Committees to each of the resource centres. But there seems to be no representation from school districts, except through their respective departments of education, at either of these formal levels, though obviously a great deal of communication takes place at the local level in the operation of the outreach services. Nor did it seem to us that there were any clearly defined mechanisms for including 'consumer' representation at any level, though this is also highly desirable. And we did not find arrangements that would permit governments and APSEA to draw upon the considerable reservoir of professional and technical expertise in universities, health and social service systems and in industry for advice and consultation about many of the critical scientific and technological issues raised by sensory and physical impairments in children. This has proved its worth in other provinces, and should, we believe, be considered by the Board, along with steps to include a clearer voice for school personnel at the local level, and for consumer representation. (See Section 8).

5.2 Our review showed (see Sections 2, 7) that each of the four provinces send children to the APSEA resource centres in Halifax and Amherst, and make use of the provisions for learning disabled children, mostly through placement at Landmark East. The following table shows the number of children from each province placed in the two resource centres and in the learning disabilities program as at October 1, 1986.

TABLE 5-1

Residential placements in APRCHH, APRCVI, residential schools for the learning disabled by province for the 1986-87 school year.

PROVINCE	RESIDENTIAL PROGRAM			
	APRCHH	(ATVC)	APRCVI	LD
New Brunswick	26	(27)	13	10
Newfoundland	3	(3)	19	5
Nova Scotia	57	(18)	32	41*
Prince Edward Island	4	(1)	7	l

*Of the 41 Nova Scotia pupils enrolled in the learning disabilities program, 36 pupils are residential, 5 are day placements.

In Newfoundland, hearing impaired children are primarily served not by APSEA, but by the Newfoundland School for the Deaf and by local arrangements funded by the department of education and administered by school boards. In Prince Edward Island there is a provincial program for hearing impaired children which is housed in public schools, and includes itinerant and consultative arrangements for hearing impaired children in all areas of the province, as well as support from APRCHH. In New Brunswick (up to 1987) local services for hearing impaired children - preschool, itinerant, day classes - were part of the outreach services of APRCHH, funded and administered by APSEA, and were available for both anglophone and francophone children. Currently, responsibility for the delivery and administration of the local services for francophone children has been assumed by the department of education and school districts, with support services from APRCHH. Services for anglophone children are, however, still being operated by APSEA. APRCHH also provides the principal residential facility for New Brunswick anglophone hearing impaired children. In Nova Scotia hearing impaired children are served through the APSEA outreach program, and, as in New Brunswick, APRCHH is the principal residential facility for hearing impaired children.

Arrangements for the local (outreach) services for visually impaired children are also somewhat different in each of the four provinces. Newfoundland employs a consultant for the visually impaired in the department of education and itinerant teachers at the local school district level. Newfoundland also draws upon consultant support from APRCVI. Prince Edward Island, Nova Scotia and New Brunswick (up to 1987) have been included in the outreach arrangements administered by APSEA. As in the case of hearing impaired pupils, responsibility for the delivery and administration of local services for francophone visually impaired children in New Brunswick has been taken over by the department of education and school districts, with support services from APRCVI. Outreach services for anglophone visually impaired children continue to be provided by APSEA.

During visits to the four provinces in 1986 and 1987, and in discussions with administrative and teaching personnel, parents and others affected by or involved in APSEA services, the Chairman was impressed by the expressions of positive support for the residential services offered by

APRCHH and APRCVI and, in the provinces receiving these, the outreach services from the two APSEA resource centres. At the same time it was clear that, for both outreach and residential services, there were, as one might have anticipated, some areas of actual or potential difficulty in the partnership between APSEA and the provincial educational systems. It is important to try to put these difficulties into perspective, or, more accurately, to see them from the different perspectives of the various 'constituents' of APSEA, and not to lose sight of the overall impression - confirmed by recent surveys in Nova Scotia, New Brunswick and Prince Edward Island, that APSEA services were generally perceived positively by the majority of respondents (parents, teachers, administrators and others).

In Committee, these issues concerned with the relationship between APSEA and the provinces in the delivery and operation of services were identified and discussed. They included the following:

(a) the absence of consumer input into planning and decision making;

(b) the relative separation of programs such as the Newfoundland School for the Deaf from the APSEA network, to the disadvantage of both;

(c) the advantages and disadvantages of the APSEA 'outreach' model of service delivery compared with local services controlled and delivered by departments of education and school districts;

(d) the adequacy of itinerant services for children living in remote areas;

(e) the limitations in APSEA's ability to provide adequate diagnostic and other specialized services for francophone hearing and visually impaired children;

(f) the relative lack of experience and preparation expressed by some itinerant teachers to enable them to meet the diversity of roles with which they are faced;

(g) the need for APSEA to develop more training/teaching materials/packages/programs for use in school districts with hearing and visually impaired children;

(h) the need for closer and more adaptable follow up for children returning to home communities from residential centres;

(i) the need for greater flexibility in APSEA arrangements for meeting the needs of atypical hearing and visually impaired children;

(j) the need for services/support for 'hard-to-serve' children not included in APSEA's present operations;

(k) the breakdowns in communication between other governmental departments and APSEA - e.g. over audiological reports on hearing impaired children in New Brunswick.

Recommendations relating to most of these concerns will be found in later sections of the report.

5.3 Outreach and Local Services (see also the discussions in Sections 1; 3.3; 4.2)

We thought that it was important to examine more closely some of the aspects of the outreach services, since they play such a central and highly visible part in the interface between APSEA and the provinces.

5.31 The numbers of children enrolled on October 1, 1986 in APSEA outreach services are shown for each participating province in Table 5-2.

TABLE 5-2

Number of children enrolled in APSEA outreach programs by province for the 1986-87 school year.

PROVINCE	HEARING IMPAIRED	VISUALLY IMPAIRED
New Brunswick	171	220
Newfoundland	N/A	N/A
Nova Scotia	216	200
Prince Edward Island	N/A	41

The main components of locally delivered services can be listed as follows:

5.32 Services Provided

(a) direct teaching (teacher-pupil; teacher-class);
(b) tutoring;
(c) teacher consultation with teachers, school staff;
(d) teacher consultation with other professionals;
(e) teacher consultation with families;
(f) identification of children in need of service;
(g) assessment of children in need of or receiving service;
(h) inservice for regular teachers/administrators;
(i) preparation of materials (e.g. braille transcribing);
(j) evaluation and communication of pupil performance/achievement;
(k) information generation and communication to system - (e.g. statistical);

(l) provision of specialized teaching materials and technological equipment;

(m) transportation: children ⟶ school or service
teacher ⟶ children needing service

(n) technical or professional consultation - (e.g. audiology, psychology).

5.33 Functional Descriptors for Staff Roles

(a) day class teacher
(b) itinerant teacher
(c) preschool teacher
(d) consultant teacher/supervisor
(e) tutor
(f) paraprofessional (teacher's aide)
(g) professional consultant (audiology, psychology).

5.34 Organizational-Administrative Models for Outreach and Local Services

When we came to examine the ways in which outreach and local services for hearing and visually impaired children were organized in the four provinces, there seemed to be two distinctive models, (a) the centralized APSEA outreach model, serving Nova Scotia and New Brunswick and (b) what we came to call the 'Newfoundland' or decentralized model. Services in Prince Edward Island seemed to combine characteristics from both models.

The **APSEA outreach model**, as its name implies, has a strong central core or hub - the resource centres from which the services radiate outwards into local school districts in the participating provinces. Disregarding for the moment the operational differences between the two resource centres, some of the characteristics of the outreach model can be described as follows:

(a) Both resource centres operate complex residential and teaching programs, and thus include on the central campus a cadre of individuals with highly specialized technical and teaching skills, as well as specialized equipment and materials, and a variety of resource services.

(b) Outreach staff are hired by and 'belong' to APSEA, and are supervised by and report to APSEA staff;

(c) The resource centres and their staff provide the professional base or 'family' for outreach staff.

(d) the resource centres collaborate with each province in planning the outreach services and supply administrative direction and logistical support and infrastructure for the operation of the system.

(e) Direct costs of outreach services (salaries, travel, materials, etc.) as well as administrative costs are recovered from the province in which the services are provided.

(f) the APSEA policy relating to APSEA teachers working in local schools - especially day class teachers - has been clearly stated by the resource centres, and expects teachers to play a full part in the professional routines of the school - e.g. taking their share of duties, participating in extracurricular activities, attending meetings, etc. There appears to be some variation in the extent to which APSEA teachers and their pupils are 'fully' integrated into the life of the school, however.

The **Newfoundland model**, by contrast, is administratively more decentralized, with the outreach (itinerant) teachers hired by local school boards. Because of the low density of the population distribution in Newfoundland, and the complex nature of the public educational system with its proliferation of small school boards, an itinerant teacher is likely to have to serve several school boards. Funding for the positions is provided by the departments of education, which thus exerts fiscal and administrative control of the system. For teachers of the visually impaired there is a position of consultant at the department level. In the case of teachers of the hearing impaired there is not an equivalent position at the department level. Instead, the School for the Deaf, which is also operated by the department of education, carries out through its principal some, but not all, of the functions of a provincial consultant/co-ordinator. Thus it serves as a professional resource ("technical back-up" was the description of the principal) for teachers of the hearing impaired, in the sense of a logical source of professional help, advice and stimulation. And, in the case of teachers in the St. John's area, it has a more direct role in the administration and supervision of their work.

In Newfoundland, there are significant difficulties in providing outreach services to a population that is scattered over a large area, and where the public educational system is itself considerably decentralized, and administered by relatively small school boards, often with overlapping boundaries. Except in the St. john's area and the Avalon Peninsula, teachers of the hearing and visually impaired are somewhat cut off from their specialist professional 'families', and even more so, in terms of both distance and travel cost, from the APSEA resource centres in Amherst and Halifax. This should not constitute a problem for teachers of the hearing impaired, since Newfoundland has its own School for the Deaf, however, the precise roles and responsibilities of the department and the school in this regard are not clearly spelled out. The separation from APRCVI does seem to pose more serious problems for the teachers of the visually impaired, and one wonders how a more active interaction between teachers and APRCVI could be achieved. Should the "mountain be coming to Mohammed," perhaps? The appointment of a consultant at the department level should, of course, be noted as a step in this direction, and it was unfortunate that the incumbent was on leave at the time of the Review. From teachers there seemed to be indications of feelings of professional isolation, not altogether compensated for by the fact that they 'belonged' to one (or more) local school boards. Does this isolation invariably go with the job of an itinerant?

During the Chairman's visit to Newfoundland it was not possible to discover the extent to which schools and school boards expressed a real sense of commitment to, and support for, the children being served by the itinerants. These positive attitudes were certainly conveyed by the school board personnel with whom he met. Strong local involvement seems to be essential to the operation of an effective outreach service. Is this involvement enhanced by the teacher 'belonging to' the board? Does the teacher also need to 'belong to' his/her own 'professional family'? Can he/she do both?

The Committee's interest in alternative models for outreach service delivery was heightened by the decision of the New Brunswick Department of Education, taken during the course of the Review, to bring the francophone outreach services for hearing and visually impaired children under its own jurisdiction, though retaining access to consultant and other services from APSEA. As we have already noted, for a long while Prince Edward Island has taken a very active role in managing and operating its own school programs for hearing impaired children, using placements at APRCHH for children who cannot be adequately served through the programs available on the Island, and consultant services at the resource centre where these are needed. In terms of its geographical and population size, Prince Edward Island is, of course, admirably positioned to select the best features from both models. And this, in a sense, is what the Committee has also attempted to do in its discussion and recommendations - to identify which aspects should be retained or avoided. (See Appendix C for an extract from Reaction Paper #2 containing observations and questions for discussion on outreach services).

There can be no doubt that there are many strengths and advantages in the APSEA outreach model - some of these were listed earlier. It should also be noted that the outreach services were strongly supported by the majority of parents presenting briefs or responding to the survey, by school districts and others who were surveyed, and, above all, by APSEA staff, themselves.

Yet we also have to realize that an outreach model has some potential disadvantages. It tends to create difficulties for staff and school administrators over questions of responsibility (to, and for), supervision and direction, 'ownership' and 'belonging to'. There is a danger that an administratively separate service will tend to underline and exaggerate the differences between handicapped children and their teachers on the one hand, and the nonhandicapped and their teachers on the other hand (the "hands off/experts only" syndrome), to the disadvantage of both children and teachers. Moreover, the situation where some of the planning and programming for the pupils is performed by an external agency, and carried out by an employee of that agency, may make it more difficult for the principal and teachers, and other school district personnel to develop a real sense of commitment to, and involvement in all aspects of educational planning and programming for children receiving outreach services. This same problem can often be observed in other areas of special education, for example, where special classes are located in a particular school, but the selection of the teacher and of the students placed in the class, and many aspects of the program that is followed, are controlled from a district level. With work and goodwill the barriers can be broken down. But those of us with experience of both systems tend to prefer a system which places the major responsibility for planning and monitoring special education programs clearly and unequivocally at the school level. It is, after all, the school and its staff which provides the educational environment for these programs.

In summary, then, we found that there were strengths and weaknesses, advantages and disadvantages, in both models. The APSEA outreach services represent a remarkable achievement, whether we look at them from the standpoint of educational philosophy or administrative organization. In the case of educational services for the visually impaired particularly, they have brought about a revolutionary change in attitudes and practices which has been efficiently consummated over a relatively short period of time. We believe that both programs have served the provinces well, and that it is vitally important not to lose sight of those characteristics that have contributed most to the quality of services for children that have been provided - the skill and competence of the teachers; the access to the human and technical resources at the centres; the co-ordination of efforts to meet an individual pupil's needs; and the provision of readily available consultation.

At the same time, it seems clear that the direction in which the majority of the Atlantic provinces have moved, and are moving, is towards a greater degree of provincial and local control of special education services, and is thus towards decentralization. This is consistent with the trends in other Canadian provincial educational systems, and with the gradual reconceptualization of the relation between special education and general education that has continued to develop over the past decade.

It is thus necessary to expect that there will be greater demands for administrative responsibility for children's programs, and for the staff who are providing these, to be exercised at the local level. Can this occur without sacrificing the advantages identified for the outreach model - access to the resource centres, material and professional supports for both teachers and pupils, specialized consultation and programs? We think so, provided that all the participants - APSEA, the provincial departments of education and, most important of all, the districts and schools, are willing to work as partners with shared interests and responsibilities in meeting the educational needs of children. We are encouraged by the present and past experiences of the outreach services in the three participating provinces, which have clearly demonstrated that these kinds of partnership can work effectively. The recent changes in the administrative arrangements for francophone hearing and visually impaired children should provide a valuable opportunity for a 'case study' in this area. Such a study should have a practical value as well as being of theoretical interest. Changes in the status of the outreach services not only can create a good deal of anxiety in teachers, but also raise concerns about specific issues - e.g. what provisions will be made for enabling teachers of hearing and visually impaired children hired by provinces or school boards to maintain adequate contact with their 'professional families'? What happens to services often provided by APSEA staff such as counselling for families and preschool services, neither of which are necessarily seen, or can be funded as 'public instruction', yet are certainly fundamental and important components of APSEA services?

5.4 Concluding Summary

The review of APSEA's relationship with the four Atlantic provinces has touched upon a variety of questions, and has focussed particularly upon the outreach services. In attempting to draw some broad conclusions about the relationship between APSEA and the provinces, we should like first to restate our impressions that, in general, APSEA was perceived very positively in the four provinces, and that the channels of communication between APSEA and the provinces were functional and efficient at most, if not all, levels of operation. Some of this efficiency can be attributed to the fact that, at the departmental level, most communications between APSEA and the four governments are handled by one or two people, all of whom are familiar with APSEA - in some cases over many years - and are in many instances also actively involved with APSEA through services on committees such as the Program Advisory Committees. Communication has also been fostered by the outreach services which have taken APSEA staff into so many areas of the provinces, and through APSEA's organizational structures themselves which have been carefully designed to provide for equal participation from the four provinces on the Board, and representation on the major subcommittees.

Most of the communication that has been described occurs, however, between one agency of government and another, and for the most part, is conducted by individuals in the public service.

We would like to see some points in the system where other voices can be heard - consumers; people with specialized technical or professional knowledge; individuals working at the school or district level. In our discussion of organizational structures (Section 8) we make some further suggestions and recommendations about these possibilities. At the provincial level, we started to conceptualize the kind of structure that might best reflect the unique characteristics of each province, and provide a forum for discussion and a means for governments to seek advice and obtain input in matters pertaining to the handicapped. One suggestion was for a provincial co-ordinating or advisory committee concerned with the education and rehabilitation of all categories of handicapped individuals, including those served by APSEA. In the membership of such a committee there should be strong representation from consumers and professionals, as well as from government and school boards. Such a committee would have three main functions - (a) to provide input to provincial governments from consumers and professionals relating to general and specific concerns about services for handicapped children; (b) to provide provincial governments with an advisory group of well informed individuals to which questions relating to special educational policies and practices can be referred; (c) to provide an important link between provincial governments and bodies such as APSEA in areas of mutual technical and professional interest, for example, services for hearing impaired children, where both APSEA and provincial departments of education or school districts operate and administer services. (See Section 8).

We have hesitated to make a formal recommendation out of this suggestion, since it is really addressed to provincial departments of education rather than to APSEA. However, some members of the Committee believe that it has merit, and is consistent with the importance we have attached throughout the report to consumer and professional representation and participation in the organizational structures of special education.

We believe that it will be necessary for APSEA to recognize and respond to the trend towards the increasingly decentralized control of special educational services to local school boards. In general terms we agree with the principles underlying this change in direction, though we have some reservations and concerns about its immediate implications for both children and staff served by the present APSEA outreach services. We envisage a system, not unlike that found in Prince Edward Island (and which seems to be developing in francophone New Brunswick), where there is a clearly defined local responsibility for planning, developing and administering the services needed by handicapped children and for hiring the teachers needed. APSEA would continue to provide as needed on a contractural basis, consultant and advisory services, support services, diagnostic assessment, (including short-term placements at the resource centres), technology - teaching materials and equipment including computer assisted instruction; training packages and programs; inservice; distance education; and evaluation.

There needs to be careful study of the details of such an arrangement, and we neither anticipate nor recommend a rapid transition from one system to another. It would obviously be desirable, as noted earlier, to draw as fully as possible from the experience of the New Brunswick francophone system. Efficient mechanisms would have to be devised for provinces and districts to access APSEA services, and for APSEA to be able to plan these services so that they would be available when needed. What is needed and works in Prince Edward Island let us say, will not necessarily be needed or work in Nova Scotia. One province may wish to move more rapidly than another. Festina lente should be the watchword.

5.5 Recommendations (Section 5)

Most of the recommendations arising from the material in Section 5 will be found in later sections.

We recommend that:

5.501 APSEA and the Province of New Brunswick collaborate in a 'case study' of services to hearing and visually impaired francophone pupils served under the new administrative arrangements. (See Section 5.4).

SECTION 6

APSEA MANDATE AND ROLES

6.1 Introduction

In this section, and the one following, we have tried to express as clearly as we can the main conclusions and recommendations stemming from the Review of APSEA. Much of the groundwork for these has been prepared in Sections 1-5. We have tried to reduce redundancy in the report by citing, wherever possible, appropriate cross-references. It has, however, been impossible to avoid some repetition of the restatement of important principles and conclusions, for example.

Is an Atlantic Provinces Special Education Authority still needed? In general, there was clear evidence from all four provinces of substantial support for the continuation of a regional approach to the provision of direct and resource services for hearing and visually impaired children (see Section 5). This support came not only from Committee members, but was also expressed by representatives of government, school districts, professional and special interest groups through briefs and responses to questionnaires, and during meetings with the Chairman during his visits to the provinces. More specifically, the needs for the following types of service were widely recognized:

(a) residential services for some children
(b) consultation and support services at the local level
(c) supply or loan of technological materials
(d) specialized teaching materials
(e) educational assessment
(f) services for multihandicapped children
(g) vocational training
(h) inservices and specialized professional training for both regular and special education teachers.

At the same time, it was clear that each of the provinces placed a different emphasis upon the kinds of service which APSEA should provide. In trying to formulate, first, our **general recommendations** we have tried to balance our views about the important principles of quality and cost effectiveness (see Section 3.4) with our recognition of the importance of ensuring that APSEA be fully responsive to the differences between the participating provinces with respect to their particular needs and priorities for APSEA services (see Sections 4.11; 5.1). That is, we have tried not to obscure those differences by searching only for similarities and common ground, though these are, of course, also important and relevant.

We have also included in our general recommendations in the following subsection some recommendations for the **direction** in which we think APSEA services should be developed over the next decade or so. These directions include a greater emphasis on APSEA's resource role, differences in the organization and operation of outreach services, and the involvement of APSEA in services for other categories of handicapped children. Discussion of more specific aspects of these points will be found in the subsections following.

6.2 General Recommendations (Section 6)

The Committee believes that the general principles upon which APSEA was first established are still generally sound and relevant. More specifically, we endorse the 'interprovincial basis' principle of the 1973 report (see Section 4.1), though we have preferred to reword it in terms which better seemed to express in 1987 our firm support for the continued operation of APSEA. We believe then, **that in the Atlantic region the maximum and most cost effective use of expensive human, physical and technological resources is most likely to occur when special education services required by hearing and visually impaired and other severely handicapped children include a regional or interprovincial component in their planning, co-ordination and delivery.**

We recommend therefore:

6.201 That the Atlantic provinces continue to support a regional approach to the planning, co-ordination, and delivery of resources and services for severely handicapped children. (See Sections 5.2; 6.1).

6.202 That APSEA continue to provide instructional, diagnostic and assessment, vocational training, consultant, and other educational resource services for hearing impaired and visually impaired children and youth from the four Atlantic provinces, through residential programs and outreach services; and APSEA ensures that in planning and delivering services, it is fully responsive to the needs and requirements of each of the four Atlantic provinces. (See Sections 4.11; 5.1).

6.203 In providing these services, that APSEA continue to be responsive to the variety and heterogeneity of need in these populations, and thus strive to support a continuum of services and a range of options from age 0-21. (See Sections 3.1; 7.2).

One of the main strengths of APSEA is its capacity to serve clients at both ends of that portion of the spectrum falling between birth and maturity. It should also be realized that not all hearing or visually impaired children require the same level of service, though they are likely to need highly specialized forms of service.

6.204 That APSEA give high priority to establishing and maintaining standards for the operation of its residential, outreach and consultant services, including procedures for the periodic evaluation of specific aspects of service through controls built into the teaching/learning activities and for a periodic review of the regional system for service delivery.

Both resource centres, particularly APRCHH, have made good use of summative external evaluations, and these are obviously of value. But there is also a need to establish procedures for evaluating learning performances which can readily be understood and communicated. For pupils in regular education both norm-referenced tests such as CTBS[1] and curriculum-based assessments such as government examinations are commonly used for this purpose. These are less useful, and may be misleading if they are the only measures applied to 'exceptional' pupils such as hearing and visually impaired children, especially the hearing impaired because of their verbal language disability. This difficulty is well understood by teachers of the hearing and visually impaired and the Committee was pleased to learn about the efforts which have been made to address it. Our recommendation is intended, not to be critical, but to encourage both resource centres to give priority to the development of curriculum-based and other assessment devices which can serve three purposes - (a) provide a consistent and relatively objective way of evaluating individual pupil performances in the curriculum; (b) provide important data for evaluating the quality of instructional programs and (c) yield descriptive statements which will be useful in communicating to others outside the resource centre system - for example, in making decisions about appropriate placement.

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[1] Canadian Test of Basic Skills

The Committee also feels a periodic review such as the current Review, every 5-10 years, would be useful for the long-range planning of programs and services for low incidence handicapped populations.

The next group of recommendations reflect the view of the Committee that, over the next decade, there should be a significant shift in the direction of APSEA operations in the direction of providing a much greater resource, collaborative and consultative role, working with provinces and school districts in the delivery, support and evaluation of services to a wider range of hard-to-serve handicapped children.

The residential programs in the resource centres will still continue to play a central and integral part in the work of APSEA. There are, as already described, important differences between APRCHH and APRCVI in their roles and functions for their respective populations, so that we anticipate that APRCVI will need to provide its residential services on a more transient basis than APRCHH. But for both resource centres we believe that long-term residential placements should be used only as a last resort in providing appropriate programming, i.e. after other alternatives have been carefully considered and rejected on both academic and socio-developmental criteria.

As far as 'outreach' services are concerned we have already examined some of the pros and cons of the outreach model as compared with the local control model, and have expressed a preference for the gradual evolution of the local control model, provided that the support systems are adequately provided for, including the professional supports for teachers (see Section 5.34). In this model, APSEA's responsibilities would increasingly be for the provision of assessment, technological (hardware; curriculum; materials) and personnel-related supports (consultation; training in instructional techniques), while its role would be one of active partnership with school districts and provinces in supplying high quality special education services where these are needed. We should like to emphasize the desirability of a gradual transition, and the need to remain responsive to the needs and priorities of each province with respect to change. We suggest that the underlying principle that should be operative in this context is that APSEA should only administer and operate services for hearing and visually impaired and other severely handicapped children where such services cannot be more cost effectively administered and maintained by local school districts and provincial educational systems, or by private agencies.

We recommend that APSEA:

6.205 Review with each province its needs for specific outreach services from APSEA both on a short-term and a longer-term basis, and develop proposals for meeting those needs;

6.206 Continue to provide and support services to preschool children and their families;

6.207 Be prepared to provide a full-range of consultative services to those provinces assuming a greater direct role for organizing and administering services to hearing and visually impaired children, should these services be requested by the province;

6.208 Give priority to the preparation of teachers in regular education to work with hearing and visually impaired and other severely handicapped children (see Section 7.5);

6.209 Continue to develop, evaluate, and make available to teachers in school districts, resources and materials used in teaching children in the categories in the mandate (see Section 5.4; 6.2);

6.210 Take special care to ensure that children are admitted to long-range residential programs only after systematic consideration of all available alternatives, and remain in residential programs only as long as such a placement continues to be needed. (See Section 6.2).

Once again, we should make it clear we recognize that for a few children the residential setting probably represents the 'best' educational option, and for a larger number it probably represents the most practicable means of providing the most appropriate educational program. The implication of the recommendation is that the process of this decision making should be carefully and systematically documented, and the decision itself should be reviewed, at least on an annual basis.

6.211 Develop a greater variety of arrangements for vocational education and preparation for hearing and visually impaired individuals (see Sections 7.2; 7.3);

6.212 Continue to maintain data and records pertaining to hearing and visually impaired populations in the Atlantic provinces being served or requiring service by APSEA, and making such information available to the public through annual reports and other documents or publications in print and non-print media (see Section 4.13);

6.213 Examine its role with respect to the education of learning disabled children (see Section 7.41);

6.214 Examine the feasibility of providing direct and indirect services for some other categories of 'hard-to-serve' handicapped children, including but not restricted to the autistic, those with severe behaviour disorders, the multihandicapped and those with traumatic head injuries (see Section 7.51);

6.215 That APSEA, by preparing and circulating materials, continue to inform the public in a realistic and positive manner, about the needs of the hearing and visually impaired as well as the services available to them. (See Sections 3.22; 4.13).

There are two distinct aspects to this recommendation. The more important aspect is that concerned with the advocacy role of public bodies such as APSEA (see Section 4.13). If APSEA is silent, or does not play an active part in influencing public understanding of, and attitudes towards the disabled, it is not only missing an opportunity, it is also in danger of reinforcing the 'conspiracy of silence' which, in the past, contributed to the additionally handicapping effects of isolation and discriminatory treatment. The Committee was glad to see evidence, from the resource centres and the central office, of APSEA's activities in this area - for example, the videotape (To Hear; To See; To Learn) and the materials prepared by the resource centres for school personnel, and we wish to emphasize the importance we attached to this aspect of APSEA's work in future planning.

The other aspect is concerned with the public image and visibility of APSEA. While in no way wishing to suggest that APSEA should become an extremely 'high profile' agency in Atlantic Canada, it is, in our view, important that the work of APSEA and its status as an agency of the provinces should be at least sufficiently visible and positively perceived in each of the provinces, in order to generate and maintain enough public and therefore political support for its continued operation.

6.216 Continue to provide and in other ways support training and professional development of teachers and others in Atlantic Canada, including APSEA staff. This will likely require collaboration with universities and colleges for the provision of initial specialist teacher education and further professional development at the graduate level, as well as for training programs for support staff (see Section 6.2, pp. 74, 75 and 76).

The need for a regional approach to ensuring an adequate supply of appropriately trained specialist teachers was clearly recognized in the 1973 report (p.25), and the arrangements between APRCHH and the Université de Moncton for training teachers of the hearing impaired have proved their worth. The situation over teachers of the visually impaired is not nearly so favourable, and we would like to see APSEA address this problem with dispatch. (See Recommendation 7.3109).

As we see it, the collaboration between APSEA and universities and colleges would have several components, some of which are exemplified in the present arrangement between APSEA and the Université de Moncton for teachers of the hearing impaired. In this arrangement the program is planned jointly by the two institutions, with the students receiving some of their instruction from APSEA staff and some from the university faculty. Practica are completed in residential and outreach settings in the Atlantic provinces. On successful completion of the program, students receive a degree from the Université de Moncton. We envisage that APSEA would continue to be involved in the planning process in order to ensure that graduates of the program(s) meet the professional requirements for teachers working with low incidence populations. Placements for practice teaching in residential and outreach settings would continue to be needed. In all probability, responsibility for some of the specialized elements of the instructional program would have to be assumed by instructors from APSEA staff. These individuals would need to teach courses, or parts of courses, included in the syllabus of the professional training program approved by the university or college. APSEA staff providing such instruction could be paid an honorarium for this service by contract with the university or college or could, as is presently the case, be hired by APSEA without cost to the university.

Another alternative would be for APSEA to negotiate with a university or college to provide a high cost, low enrolment program of this type. Such a contract might require a university or college to agree to guarantee a number of seats in the program in any one year for a specified number of years. APSEA would have to decide what, if any, financial support they would offer as part of such a contract.

Another alternative would be for APSEA to establish a bursary program to support students pursuing specialized training outside of the Atlantic region.

Clearly there are alternatives for the provision of specialized teacher training and for the financing of such training.

We believe that students receiving preservice education preparing them to become special education teachers should, in general, be responsible for meeting the costs of their own professional preparation. Inservice education is, of course, another matter. This may be made available in three ways:

(1) through workshops, seminars and lectures provided by APSEA at no cost to staff;

(2) through attendance by staff members at conferences or workshops where the staff member may be granted release time, and where all or part of the cost of attendance may be met by APSEA;

(3) by longer periods of study leave.

For (2) and (3) above APSEA would continue to require an annual budget together with criteria for disbursement.

We recommend that APSEA:

6.217 Should extend its research role, for example through a 'data bank', by support within-system research studies (e.g. the 'integration instrument' developed by APRCHH) and by much more active collaboration with universities and other agencies (see Sections 7.21; 8.3).

We are primarily interested in stepping up the kinds of applied research which can have a direct influence on the use of technology in APSEA programs, or on the methods of teaching or other interventions with children served by APSEA. Our more specific proposals will be found below (see Recommendation 7.5207).

Finally, in this section on the general direction of APSEA's role and functions we should like to make some comments on the fiscal aspects of APSEA operations. We have already noted (1.34; 1.35) some of the reasons for not addressing fiscal concerns in any detail in the Review. More generally, we did not interpret the Board's directive as requiring us to do so. However, in previous sections we have raised some questions about the relationship between fiscal support and the quality of services, and have included in the statement of principles the recognition that, while the determination of the amount of fiscal support for the services provided by APSEA rested upon political decisions, there was a duty upon the agency to inform governments of the needs for, and costs of, services, and to show that the services provided were cost effective. (See Section 3.4). We have already made one general recommendation which, in part, addresses this issue (6.204). We should like to add one further point - that it is important for APSEA and the provinces to be able to show the actual costs of providing educational and related services to handicapped children, broken down, as accurately as possible, into their various components. A cost analysis of this type may not be too difficult to do when all the services are provided within one closed system, such as in a residential school, although its evaluation in terms of cost effectiveness will continue to depend upon the systematic collection of data about the use of the various components. But, as most special education administrators know, the problems of analyzing the costs of the components of a special education program involving mainstreaming become extremely complicated, and it is frequently difficult to know, for example, whether or to what extent regular education services for non-handicapped children are being short changed or overloaded by the addition of children with special needs funded under the kinds of provisions that have been developed in most Canadian provinces. It seems to us that it would be useful for APSEA to make a specific study of the 'cost' aspect of the cost/benefit equation, and that such additional information would be interesting to the participating provinces. For example, one outcome might be to provide some empirical verification for commonly adopted practices of distinguishing between 'higher cost' and 'lower cost' categories of special education pupils for purposes of allocating funds. Ideally, such a study would do more than count the cost of all the additional special education services. It would also attempt to calculate the costs of all the ordinary educational services 'consumed' by the child.

We recommend, therefore, that APSEA:

6.218 Explore, with one or more of the participating provinces, data-based approaches to costing special educational services supplied to hearing and visually impaired children through outreach or local programs.

SECTION 7

APSEA SERVICES AND RESOURCES

7.1 In this section we present our more specific recommendations about APSEA services and resources. These are arranged under categorical labels, hearing impaired, visually impaired, learning disabled, and other severely handicapped, with a concluding subsection on other aspects of APSEA's resource role.

7.2 SERVICES FOR HEARING IMPAIRED PUPILS

7.21 Introduction and Overview

During the 1986/87 school year, APRCHH provided on campus services for 139 pupils, and outreach services for 387 pupils in the provinces of New Brunswick and Nova Scotia. Consultant services were made available to Prince Edward Island. The educational program on the Amherst campus has four divisions, academic (65 pupils) multihandicapped (12 pupils), Fearon Unit for the deaf-blind (13 pupils) and the Atlantic Technological Vocational Centre (49 pupils). Enrolments are as at October 1, 1986. Pupils from all four provinces are enrolled in one or more of these programs. The breakdown was given in Section 2. The facilities on the APRCHH campus include provisions for assessment (psychology, audiology, language, and educational); teacher training, in association with the Université de Moncton, and supervision/child care by the residential staff. Some pupils in residence receive all or part of their educational program through a mainstreaming arrangement in a community school.

As we have noted earlier, the major educational handicap associated with hearing impairment stems primarily from hearing impaired children's difficulties with the acquisition and use of verbal language. It is, in this sense, a true language disability rather than just a breakdown or weakness in one of the channels through which verbal symbols are communicated. Hearing impaired children may thus require not only specialized arrangements for delivering and receiving instruction from teachers (amplification, training in speech reading, sign language skills, and interpreter services). They are also likely to require significant modifications in the way in which the academic curriculum is organized and presented at all grade levels. This situation is further complicated by individual differences among the hearing impaired population with respect to many factors, including the type, severity and age of onset of the hearing impairment, variations in the facility of language acquisition (verbal or sign) and the presence/absence of other handicapping conditions. For all these reasons we have emphasized how important it is for APSEA to be able to provide a continuum of services that will adequately reflect the remarkable heterogeneity within even a low incidence category of disability such as hearing impairment. A few children with quite severe, or even profound, hearing impairments may be able to manage satisfactorily in regular classrooms with various types of support services. At the other end of the continuum it is likely that some children will make their best academic and developmental progress in an environment which is specifically designed and adapted to meet their academic and socio-communicative needs. (See Recommendation 6.203).

The `traditional' approach to the education of the severely and profoundly hearing impaired has been to provide such an environment in residential schools for the deaf. Such schools were usually segregated academically from other school systems, and to some extent socially from the communities in which they were located. It has only been in the last twenty to twenty-five years that there has been any substantial movement in North America towards integrating or mainstreaming `deaf' children, and this is still a controversial question in educational circles, academically for the reasons given earlier and socially because of the communication barrier. There has, however, been a much longer history of integrating hard of hearing, or partially hearing, or adventitiously deafened students, because of their relatively superior oral/verbal language skills.

When the Interprovincial School for the Deaf was established in 1961, the choice of its location at Amherst was, so far as we can determine, primarily affected by two considerations - the geographic situation of the location on the border between the provinces of Nova Scotia and New Brunswick, and the political desirability of bringing employment to a relatively depressed area. In the educational thinking of that time, there was little reason to consider the location in terms of its suitability for mainstreaming pupils, or its accessibility to a wide variety of opportunities for vocational training or work experience. Viewed from the perspective of the late 1980's, one would have to recognize some limitations in the location of APRCHH from the standpoint of both the academic program, and the vocational training program. Although in the Committee we have sometimes been inclined to recommend to the APSEA Board, and to the participating provinces, that a different location, closer to a large centre of population, should be sought, we hesitate to make a firm recommendation about such a radical, and costly step at this time. We have, however, suggested to the Board that it should be considered, if not now, at least in the foreseeable future. Our main recommendations have, however, been predicated on the basis of APRCHH remaining at its Amherst location.

The brief historical review (Section 2) has, of course, shown that, even before the Committee appointed by the four governments in 1972 began its work, the Interprovincial School had already started to develop the 'out classes' in Moncton, Saint John and Halifax, that could be seen as the forerunner of the present outreach services. The rapid growth of these off campus services followed the recommendations of the 1973 report, and the creation of APSEA.

Regardless of location, in a region such as Atlantic Canada characterized by relatively low density populations in a large geographic area, there are strong arguments in favour of concentrating some educational services for severely/profoundly hearing impaired children with limited verbal language skills in one or more specialized settings, such as APRCHH, rather than supporting these services on an outreach basis. The educational services we have in mind are:

(a) the academic programs at the secondary level, which are likely to be most effective when the population of pupils is large enough to provide a sufficient range in the curriculum;

(b) the specialized programs for multihandicapped hearing impaired children;

(c) the pre-vocational training program;

(d) the base for the resource components.

We believe that younger severely/profoundly hearing impaired children should, if at all possible, be served in or close to, their home communities. The development of the APSEA outreach services has, to a large extent, made this possible for many children in Nova Scotia and New Brunswick. In Prince Edward Island the geographical characteristics of the Island have made it easier to provide these services for this population. However, throughout the Atlantic region there will always be those living in isolated communities who will be difficult to serve adequately through outreach or locally based services. For these children, there are perhaps four options -

(a) to increase the services, at relatively high cost;
(b) to use foster or boarding home arrangements during the week in districts where there is a day class, and provide transportation to and from home at weekends;
(c) to make the same arrangements with weekday residence at APRCHH;
(d) to provide inadequate educational service.

The options are listed in order of our preference.

The Committee had some concerns about the placement of the Fearon Unit for deaf-blind children at Amherst. On balance, we felt that this highly specialized unit would be better located at APRCVI where it would be closer to the medical and other resources in Halifax. The program for multihandicapped hearing impaired pupils which mostly serves hearing impaired pupils with significant learning difficulties is, we think, appropriately located at APRCHH.

We endorse the continued operation of the Atlantic Technological Vocational Centre (ATVC) within the APSEA framework. Prevocational and vocational services, including work experience, form an essential component of comprehensive educational planning for the hearing impaired. The organization and delivery of these services have to recognize that many hearing impaired pupils do not meet academic admission requirements for other post secondary educational/vocational institutions, and have significant difficulty in functioning successfully in instructional programs that rely heavily upon a pupil's competence in both oral and written language.

The ATVC program was evaluated in 1983 by a highly competent professional team. In 1984-85 at the direction of the APSEA Board, a further study by the Program Advisory Committee of APRCHH, in consultation with senior administrative staff and two external consultants, prepared a report containing recommendations for future directions of vocational training programs for the hearing impaired. The Board has thus been furnished with a rather detailed assessment of the ATVC program, together with recommendations from expert consultants and specific proposals for acting upon these recommendations prepared by the Program Advisory Committee in 1985. In view of this, the Committee considered that further intensive study of this aspect of APSEA programming would be redundant; we support the 1985 recommendations, and the direction of the actions that were then proposed. In more general terms, however, we wish to draw the Board's attention to four areas of concern -

(a) the inherent limitations on the ATVC program imposed by the relatively small size of the population to be served, as well as by the site of the program;

(b) the need - reflected in the consultant's recommendations - to develop as fully as possible supports for hearing impaired pupils able to utilize technical training facilities in other institutions in the Atlantic region;

(c) the need for a flexible structure and program, able to respond quickly to changes in the economic climate and related opportunities for employment;

(d) the organizational-administrative implications for a body such as APSEA being involved in educational programming at a tertiary level.

The diagnostic, assessment and technical services for hearing impaired children available through APRCHH should be regarded as a central and essential component of the regional resource, complementary both to the work of medical audiological centres and to the educational programs operated by APSEA and the provinces. We were disappointed that these services had only limited application to the needs of francophone hearing impaired children. The psychological services, while helpful in the educational assessment of hearing impaired children, were restricted in their application to counselling and psychotherapy by the absence of a clinical psychologist with well established signing skills.

The teacher education program at APRCHH has proved its worth in providing Atlantic Canada with a supply of trained teachers of the deaf. We support the 1985 recommendation of the APSEA Staff Committee on Teacher Education - that specialist training for teachers of the hearing impaired continue to be organized on a collaborative basis between APSEA and a university, though we believe that alternatives to the Université de Moncton should be considered, at least for anglophone teachers. It is important that teacher education keep in mind the relatively high proportion of hearing impaired pupils served through local and outreach services. As a general principle, we think that, in hiring teachers of the hearing impaired APSEA should try to maintain some balance between a 'home-grown' teaching staff, and one that has been trained outside Atlantic Canada. Although the majority of teachers of the hearing impaired employed by APSEA is likely to be drawn from an indigenous teacher training program, a measure of cross fertilization from graduates of other programs would be desirable from the standpoint of the value of injecting the system with different ideas, skills and emphases.

Earlier in this report (see Section 5.2) we drew attention to the residential and local services for hearing impaired children which have been organized outside the framework of APSEA in Newfoundland and in Prince Edward Island. The Newfoundland School for the Deaf in St. John's was started in 1964, and at the time of the 1973 report had an enrolment of 147 pupils. The small program in Charlottetown had an enrolment of 12 pupils at that time. For the 1986-87 school year, the enrolment in the St. John's school was 122, while the number of hearing impaired pupils served through local services was 70 for the same period. Of the 70 pupils served through local services, 12 school age pupils and 28 preschoolers were served by staff from The Newfoundland School for the Deaf. The remaining school age pupils were served by staff employed by school boards. The number of hearing impaired pupils served directly by the Prince Edward Island Department of Education was 26. The 1973 report specifically recommended that the department of education in Newfoundland and Prince Edward Island should continue to have the administrative responsibility for these services. However, these programs were seen as a valuable additional resource in Atlantic Canada, and it was envisaged that there would continue to be co-operation and communication between the schools and resource centres, and, in the 1973 committee's vision of an Atlantic or interprovincial approach to service delivery, a co-ordinated approach to planning and problem solving.

The present Committee would like to see APSEA and the provinces develop some way, not of changing the administrative arrangements for these provincial services, but rather of making better use of all of the existing expertise in the region in addressing the planning and co-ordination of services for hearing impaired children in the region as a whole. At the professional level, teachers from the staffs of the various schools and programs meet and communicate with one another at meetings of professional associations such as ACEHI (the Association of Canadian Educators of the Hearing Impaired). The Newfoundland School for the Deaf hires teachers who have been trained in the APRCHH/Université de Moncton program. We would like to encourage a slightly more formal link between APSEA and The Newfoundland School for the Deaf, perhaps through membership on APSEA and professional committees, and through involvement in research and data gathering projects of mutual interest. In the context of this last comment, we should like to express our strong support for the continued activities of APRCHH staff in research activities, such as the development of the integration instrument, which have a direct application upon teaching and administration practices.

In summary, then, we anticipate that most of the existing services and programs located at APRCHH will continue to be needed over the next decade, including the residential programs (academic, multihandicapped, and vocational), the diagnostic and audiological services, and the field placement/practicum component of the teacher education program. Some reduction may be anticipated in the number of children remaining in the residential program throughout their educational life, as services become more readily available in local districts. APRCHH should also continue to service the 'outreach' programs in Nova Scotia and New Brunswick, though the form of this service is likely to continue to change over the next few years from a direct administrative responsibility for delivery and staffing special education services towards a more consultative and collaborative role with school districts and those two provinces, as well as with Prince Edward Island.

7.22 Recommendations - Services to the Hearing Impaired

We recommend that:

7.2201 APRCHH continue to serve as the major educational resource centre in Atlantic Canada, and continue to provide residential programs for hearing impaired pupils, including academic programs, services for the multihandicapped, vocational programs, diagnostic services, and the field placement/practicum component of the teacher education program;

7.2202 Efforts be made to establish links between APRCHH and APSEA, and other programs and services for hearing impaired pupils in Atlantic Canada through representation on committees and participation in joint projects;

7.2203 The residential academic programs at APRCHH should, as far as possible, be designed for hearing impaired pupils at the junior and senior secondary levels rather than at the elementary level, and that every effort should be made to serve young hearing impaired children in or close to their home communities (see p.80).

7.2204 The Board examine further the advantages of transferring the Fearon Unit for deaf-blind children from APRCHH to APRCVI;

7.2205 APRCHH continue to encourage and support staff engaged in systematic data collection and other research activities directly related to their professional activities and the goals of APSEA;

7.2206 In developing and staffing the diagnostic, assessment and technical services for hearing impaired children available through APRCHH, particular attention be paid to three components - (a) improvement of access for hearing impaired children to skilled psychological counselling; (b) the improvement in all areas of diagnosis, assessment and educational management for francophone hearing impaired children; (c) a significant extension of specialized consultative and support services to provinces and local school districts (outreach services) in the areas of audiology, psychology, speech and language pathology, and educational planning.

7.2207 APRCHH continue to play a major role in Atlantic Canada in the professional training and development for teachers and others working with hearing impaired children (see Section 6.2, p.p. 74, 75 and 76 and Recommendation 6.216);

7.2208 Specialist training for teachers of anglophone and francophone hearing impaired children provided through APSEA be of the highest quality and fully comparable with standards set by other Canadian and U.S. programs in this area, and at this level (see Section 6.2, pp. 74, 75 and 76 and Recommendation 6.216);

7.2209 To ensure high quality training for francophone teachers of hearing impaired children, APSEA continue to explore development of, and access to, specialist teacher training (see Section 6.2, pp. 74, 75 and 76 and Recommendation 6.216);

7.2210 APSEA formulate clearly defined competencies required by child care and residential staff at APRCHH, with recommendations for preservice and inservice training programs related to these competencies;

7.2211 The vocational training program at the Atlantic Technological Vocational Centre (ATVC) continue to offer prevocational and work experience programs for hearing impaired students;

7.2212 APSEA and the governments of the four Atlantic provinces commission a broadly based study, with representation from appropriate community agencies including those serving the hearing impaired and other government services, to investigate employment opportunities for the hearing impaired in Atlantic Canada, and develop proposals for providing better vocational training facilities for the hearing impaired through more effective use of existing vocational training institutions in addition to ATVC (see Recommendation 7.3108);

7.2213 ATVC increase its capacity to support hearing impaired in other institutions to be able to utilize technical training;

Note: Other recommendations bearing upon services for hearing impaired children will be found in 7.5 under other aspects of APSEA's resource role.

7.3 SERVICES TO VISUALLY IMPAIRED CHILDREN

Introduction and Overview

In reviewing APSEA services, it is important to bear in mind that visually impaired children require quite different types and forms of special educational service from those needed by hearing impaired children. Very generally speaking, visually impaired children - unless they are multihandicapped - do not have difficulty with the acquisition of verbal language and oral communication skills - the central and major component of the educational handicap of deafness - and can thus participate in many aspects of regular classroom activities, provided that adequate preparatory and support services are in place. It follows that there will be significant differences between the operation and focus of the two APSEA resource centres, particularly with respect to the purposes for which building space is needed, and the amount of administrative energy and fiscal resources consumed by technical, support, and outreach services.

It is possible to conceptualize several distinct areas of APRCVI operations -

(a) residential - instructional services operated from the resource centre
(b) outreach and local services in the four provinces
(c) assessment
(d) human, material and technical resources
(e) staff training and development
(f) vocational service
(g) co-ordination, planning and administration

Obviously these operations overlap with one another, but the distinctions provide a convenient framework for the purposes of program review.

It should also be noted that all the centralized services of APRCVI are presently housed in one building, originally constructed to serve as a residence. A school building has been planned and is being constructed. Classroom space has been obtained by using areas in the residence building and renting space in Halifax schools.

We have already referred to the striking, indeed revolutionary, changes in services for visually impaired children which have occurred since the 1973 report, and the creation of APSEA. This brief overview should perhaps begin with a bouquet to APSEA, and APRCVI, for these achievements.

During the school year 1986-87, 71 visually impaired pupils were in residence at the resource centre, and were served by a variety of programs, including full-time programs in the resource centre, classroom programs housed in a nearby school, and integrated arrangements in schools in Halifax. A large number of children were served through outreach programs in Nova Scotia (200), New Brunswick (220) and Prince Edward Island (41), with some consultative services being provided in Newfoundland. (Enrolments for the 1986-87 school year are as at October 1, 1986).

As noted, it should be possible to serve most visually impaired pupils without additional handicaps in regular schools, **provided that adequate support services** can be made available to them. More intensive services in a specialized centre such as APRCVI may be required for short periods during a pupil's school career. These do not necessarily have to be planned during the school year, however. For this pattern of service delivery to be successful, it requires a significant commitment on the part of the administration and staff of the regular school attended by the child, and a good deal of technological and material support from APSEA staff, - e.g. braille materials, low vision aids - quite apart from direct teaching and consultation services. Over the next decade it seems highly probable that further technological developments in areas such as computer-assisted instruction and print-voice transformations will open up exciting possibilities for visually impaired pupils to participate more easily in classroom activities and standard curricula. At the present time it is hard for the Committee to be able to form any reliable estimate of the probable costs of technological developments in this field. But the direction and potential of this new technology seemed to us to underline the importance of ensuring that a specialized regional resource such as APSEA be able to play a major part in advising the governments about the effectiveness, usefulness and cost efficiency of equipment designed for, or adaptable to, educational use, on the basis of its expertise and firsthand experience. (See Appendix D).

In our recommendations, both in this section and Sections 7.5 and 8 we have therefore placed some emphasis upon enabling APSEA to discharge this role, through hiring and/or training staff with technical qualifications, and by building into its organizational structures the means for drawing upon advice already available in the region. Although we anticipate a significant increase in APRCVI's budget for technical equipment, in the long run this is likely to be somewhat offset by reduced costs in brailling and personnel services. However, this whole area will require careful study by the Board.

Recent medical research studies have shown that there is a fairly high prevalence of the combination of visual impairments and multihandicaps. Such children may be difficult to serve in special classes and it is understandable that education authorities may seek a solution to this difficulty by referring such children for placement in a school or resource centre for the visually impaired. The Committee recognized the danger that this might lead to an overloading of the residential facilities at APRCVI with children requiring long-term 'institutional' care, at the expense of those who might benefit from shorter-term interventions with specific and more limited objectives. At the same time we did not wish to deny service to children falling into the very population for which APSEA had a clearly stated mandate. In grappling with this problem, the Committee decided (a) that it was important to have as a starting point a reliable estimate of the number of severely multihandicapped/visually impaired children in Atlantic Canada; (b) a survey of this population should include some attempt to assess the relative contribution of the sensory, intellectual, motor and other components of the multiple handicap, though we recognize the difficulties inherent in doing this; (c) that it was appropriate for APRCVI to provide assessment - if necessary through short-term residence at the resource centre - for children appearing to fall into this category; (d) that APRCVI should provide longer-term services for multihandicapped visually impaired children who had demonstrated that they were able or likely to derive educational benefit from highly specialized teaching programs; (e) that in the case of visually impaired children with severe/profound developmental disabilities or mental handicaps, and who had made little or no progress in a specialized program at the resource centre, it would usually be more appropriate for APSEA to provide the educational components of service related to the visual impairment on an outreach basis in the child's home community or in a setting other than the residential facility of APRCVI.

However, in formulating our conclusions, we have to say that we were concerned by the apparent departure from the principle of universality/zero reject espoused earlier in this report; we recognize that a decision not to offer a needed service in any particular case is always likely to be agonizingly difficult. We have tried to formulate our recommendations in such a way as to form a possible basis for APSEA policy.

Among other concerns and issues arising during Committee discussions and raised following the visits to the provinces were the following:

(a) the need to provide more adequate services for francophone children at APRCVI;

(b) the importance of expanding arrangements for the vocational preparation and training of visually impaired pupils;

(c) continued difficulties in consolidating arrangements for specialized training for teachers of the visually impaired.

Our recommendations have addressed these points.

7.31 Recommendations (Services for Visually Impaired Pupils)

We recommend that:

7.3101 In general, the residential facilities at APRCVI should not be used for long-term placements. They should be used as a convenient and necessary means to achieve specific goals - e.g. extended assessment, or short-term educational intervention designed to help visually impaired children/youth develop necessary academic, orientation and mobility, social and/or vocational skills;

7.3102 APSEA initiate a survey in all four Atlantic provinces of multihandicapped visually impaired children. The information that is sought should provide as accurate a head count as possible, and should include at least the following data - age/date of birth; severity of visual impairment; type(s) and severity of all other handicapping conditions; residence location; educational and/or other services presently being received; nature of service required/requested from APSEA (if any);

7.3103 APRCVI should not become a long-term residential institution for severely/profoundly multihandicapped children, whose visual impairment is one of several factors contributing to developmental delay and educational handicap. The resource centre is an appropriate setting for shorter-term assessments of such children;

7.3104 Exceptions to the above (7.3101 and 7.3103) may need to be made in the case of a clearly designated population requiring highly specialized educational services, for example the deaf-blind (see Recommendation 7.2204);

7.3105 APSEA supply specific educational components related to the visual impairment of multihandicapped visually impaired children being served in programs for severely multihandicapped children in the child's home community (see p.89);

7.3106 Particular attention should be paid to the further development of the services at APRCVI for the detailed educational assessment of visually impaired children, using a multi-disciplinary approach combined with short-term diagnostic teaching;

7.3107 In view of the limitations in services for francophone children at the resource centre, APSEA enter into discussions with New Brunswick to discuss needs for service for francophone children that might be provided at the resource centre - e.g. assessment, short-term residential, prevocational - and develop facilities to meet those needs;

7.3108 A comprehensive plan for prevocational, vocational training and placement for visually impaired youth should be developed by APSEA in association with the CNIB and other community agencies. As far as possible, proposals for vocational assessment and placement should make full use of programs and services already available in the community, and supplement these by specialized resources. There may, however, be some need for designated space and materials on the APRCVI campus, particularly for the prevocational program. The development of such a comprehensive plan would require the investigation of employment opportunities for the visually impaired in Atlantic Canada as a part of the study recommended in Recommendation 7.2212 (see Recommendation 7.2212 and pp.85 and 86).

7.3109 APSEA urgently address the need for specialized training for personnel working with the visually impaired. (See Section 6.2, pp. 74, 75 and 76; Recommendations 6.216).

7.3110 APRCVI continue to play a major role in Atlantic Canada in the professional training and development for teachers and others working with visually impaired children (see Section 6.2, pp. 74, 75 and 76 and Recommendation 6.216);

7.3111 Priority should be given for both space and budget to develop the resource role of APRCVI, particularly in the areas of (a) technological resources designed to assist visually impaired students in the classroom and activities of daily living; (b) production of braille materials; (c) teaching and curricular materials; (d) inservice education and training programs for both specialist and non-specialist teachers; (e) information services relating to visual impairment; (f) programs designed for parents.

Note: Further recommendations about services for visually impaired pupils will be found under 7.5 - New Directions.

7.4 SERVICES FOR LEARNING DISABLED CHILDREN

7.41 Introduction and Overview

In May 1980, the APSEA Board authorized the first extension of APSEA's service responsibility to include residential school placement for severely learning disabled school age children. Criteria were established for the definition of severely learning disabled, and a manual of policy and procedures relating to identification, eligibility, referral and placement was prepared. The definition was based upon a language disorder plus discrepancy model - ... "disorders...in understanding or using symbols or spoken language...(which) result in a significant discrepancy between academic achievements and assessed intellectual ability," and included an exclusionary clause "the child appears emotionally stable, and is not handicapped by physical or sensory defects." Additional criteria included the provision that "the child had not shown the expected improvement after a comprehensive remedial program at the local school/district/unit level."

A Professional Committee on Learning Disabilities (PCLD), made up of a judge or lawyer (chairman), the Superintendent of APSEA (secretary) and three members representing professional areas with expertise in learning disabilities, was established to review referrals to the learning disabilities program which did not have the unanimous agreement of the agencies involved in the referral process, i.e. the school district/unit; the department of education and the Superintendent of APSEA. The PCLD is appointed by the APSEA Board. The Committee noted the useful function of the Professional Committee on Learning Disabilities and suggested that this function should be maintained with respect to other hard-to-serve pupils who may require a residential placement.

At the present this aspect of APSEA operations is, in effect, limited to the administration and supervision of a funding mechanism for providing placements in privately operated residential services for children categorized as learning disabled according to rather specific and well defined criteria. The 1986-87 budget estimates showed a figure of $962,000 for the operation (including administration, consultation, and transportation) of this service for an estimated 53 children - i.e. $18,140 for each child served on a residential basis and $12,232 tuition for each child enrolled in a day program. Actual numbers for the year were 57 pupils, at an average cost of $17,743 per pupil. Tuition figures are for the 1986-87 fiscal year.

APSEA's involvement in the provision of services to learning disabled children departs markedly from the practices and programs established for hearing and visually impaired children. It is restricted to a very small subset of the learning disabled population; it does not require any direct teaching or support services, or the management of a residential centre; there is no professional training component; the consultative role is minimal; the service provided for each student is short-term.

This is, perhaps, just as well. The concept of learning disabilities as a special education category is vague and ambiguous, and there have been widespread disagreements among professional circles, in medicine, education and psychology, as to its definition. For these reasons, studies or estimates of prevalence have ranged very widely from 1 or 2% of the school population to 15-20%, or even more. Reports prepared by the departments of education in Nova Scotia and Prince Edward Island (1980) clearly attest to the confusions over definitions, prevalence and educational management practices.

There is no doubt, however, that aided by the active advocacy of parent groups such as the Association for Children with Learning Disabilities (ACLD), the term has gained wide popular support, in some measure because of its relatively non-discriminatory connotations. It has been adopted as a descriptive special education category by most Canadian provinces and U.S. states; in those jurisdictions this has led to the formulation of general operational definitions similar to the one employed by APSEA. In public education systems these operational definitions are used as the basis for identifying and classifying children in a fairly systematic fashion, and for providing for an orderly, if sometimes controversial, distribution of special education funding and energy.

The term learning disabilities seems first to have been used as a categorical descriptor as recently as 1963. There has always been much debate and research activity concerned with the causes of learning disabilities, on the assumption that if the causes were understood, preventive or treatment measures could be applied. Two quite distinctive (though not necessarily incompatible) approaches have emerged; one which sees learning disabilities in terms of their aetiology in underlying brain or neurological impairments or dysfunctions (medical); a second which focusses more on the behavioural learning-teaching side of the equation, and, in an extreme form, conceptualizes the problem in terms of a teaching impairment or disorder (educational). From a pragmatic standpoint the second approach has generally been more attractive to educators, though teachers might bridle at the apparent implications of the more extreme form.

However the term learning disabilities is defined, there can be no doubt that in general and special educational circles it has become a popular and convenient way of describing a rather large population of pupils who do poorly in school, and do not appear to be 'mentally retarded', or emotionally disturbed, and do not have physical or sensory impairments. It is, perhaps, unfortunate that the label implies that the problem is mostly in the pupil, rather than in the interaction between the pupil and school, since this perception may adversely affect efforts to provide help or remediation. However, more recently there have been welcome signs in the professional journals, and in school practices, that school systems and teachers have been concentrating more on developing teaching skills and strategies than upon diagnosing learning disabilities.

The Committee had difficulty in recommending its strong support for APSEA's continued involvement in the learning disabilities program as it is presently constituted.

Concerns expressed by Committee members and during meetings in each of the four provinces tended to fall under three headings, as follows:

(a) costs are high in relation to benefits and spin-off benefits (e.g. to school district);

(b) the population served represents a very small proportion of the total population of children with severe learning disabilities, and is made up only of a subset of that population thought to require a residential program;

(c) most, if not all, learning disabled children should be served by school districts, not by APSEA.

On the other hand, a recent survey of school districts in Nova Scotia - which funds the largest proportion of placements in this category - yielded a generally (though not strongly) favourable response to the present program, which was seen to meet the needs for service not available at the district level. Moreover, it could certainly be argued that the arrangements initiated by APSEA have provided the provinces with an orderly and reasonably cost efficient means for managing residential placements for older pupils who have been hard to serve in the public school system. There was some support from Committee members and others for APSEA to become more involved in developing resource and consultative services in the area of learning disabilities. These services, it is suggested, are urgently needed, and would bring direct and indirect benefits to a much larger number of children than those presently being served by the APSEA program, particularly if their thrust were to be directed towards preventive interventions and would include a greater emphasis on helping all teachers develop effective teaching skills and strategies for working with 'disabled learners'. APSEA's role would, essentially, be to collaborate with provinces and districts in developing resources rather than to operate a separate resource centre.

Our recommendations are necessarily tentative, and largely concerned with procedural steps for consultation with the provinces that should be taken by APSEA before decisions can be made about its future involvement in the area of learning disabilities. In the opinion of the Committee, this aspect of APSEA's work should receive low priority as compared with already established services for the hearing and visually impaired populations, and for new services in other areas of need identified in the next subsections of this report. Our views are based chiefly upon our conviction that the major thrust in developing effective services for the majority of learning disabled pupils should and must come from school districts and departments of education. If APSEA has a role, it would most likely be in the areas suggested above, that is, in addressing advisory and resource aspects. Our preference would be to include these kinds of services under provisions proposed in Section 7.5 dealing with services to other categories of severely handicapped children, rather than treat them more specifically under a `learning disabled' category.

However, the approach we have taken reflects the concern we have shown throughout the report for APSEA to continue to be sensitive and responsible to the needs of each of the four participating provinces for services which would most effectively be organized or supplied on a regional basis. We are naturally reluctant to recommend overturning the earlier decision of the APSEA Board to provide services for learning disabled children without first recommending that the Board explore this proposal with each of the provinces.

7.42 Recommendations - Services for Learning Disabled Children

We recommend that:

7.4201 APSEA examine its policies, procedures and services for learning disabled children after consulting with each of the provinces to determine which, if any, services, programs or resources for learning disabled children which are perceived as being needed would more efficiently be provided or supported at a regional level by APSEA rather than solely at the provincial or local level;

7.4202 If there is sufficient support from the provinces for an examination of such regional services for learning disabled children, a representative committee should be struck to make specific recommendations to the Board about the type and location of services that should be developed, together with estimates of cost and a time frame. This committee should include expert and consumer representation;

7.4203 If the Board decides to retain for the present the arrangements for placing learning disabled children in residential programs, we would like to see either the elimination of the misleading learning disabled label for this purpose, or a significant change in its operational definition, so that other severely educationally handicapped children needing residential placement could also become eligible for such a service;

7.4204 APSEA monitor very carefully the progress of children receiving these residential services, wherever possible using or requiring empirical data to verify educational and personal progress;

7.4205 In general, APSEA place a low priority on the continued or further development of programs and services for learning disabled children.

7.5 NEW DIRECTIONS IN APSEA SERVICES AND RESOURCES

7.51 Introduction and Overview

In the body of the report we have prepared the ground for what we see to be probable directions of APSEA's development over the next decade. We have emphasized what is likely to be a growing demand from all four provinces for a strengthening of APSEA's resource roles, particularly consultation, support and technical services, research and professional training and development. This, as we have seen, has implications for staffing and funding at both resource centres (APRCHH and APRCVI) and for the central office. We anticipate growing pressure from parents and others for placements for handicapped children in the mainstream of public education. Technological developments will continue to exert a major influence on instructional techniques and curriculum for all children, but, perhaps, most dramatically for children with sensory and motor impairments.

We have endorsed the continued operation of school programs at both resource centres though with significant differences between the two programs. The administration and direction of 'outreach' or local services is likely to continue to move in the direction, already fully or partially established in three provinces, of greater control of these services from school districts and provincial departments of education. Some of these changes have inevitably, and understandably, created anxiety and even antagonism among APSEA staff, particularly those whose work has been largely instrumental in developing unique and high quality programs in the outreach services. It is of the greatest importance that the contribution and role of APSEA as an essential partner with school districts and provinces in the continuing delivery of excellent services to hearing impaired and visually impaired children be clearly stated and recognized, and that teachers in the emerging outreach system are not left isolated from their professional colleagues, or the quality of the services impaired. It will not be easy to achieve these goals; it will require a great deal of hard work, careful planning, open communication, sensitivity and patience on the part of both administration and teachers, and a clear sense of purpose and commitment from all those who provide leadership.

We wish to draw the attention of the Board to other low incidence categories of children with special needs, including children with severe multiple handicaps, where the involvement of a regional organization such as APSEA - particularly through its resource role - may be of service to provinces and school districts. Suggestions about this aspect of 'New Directions' for APSEA came from Committee members and others in the provinces who provided input to the Committee.

We have already recognized in the report (see Section 7.3) the particular and often difficult educational problems presented by hearing and visually impaired children with multiple handicaps, and the needs in these very low incidence populations for varied and highly specialized services and programs. Should APSEA have a part to play in the organization and delivery of services at a regional level for other severely handicapped children? If the arguments presented earlier in favour of a regional approach to the provision of services for hearing and visually impaired children are sound - for example, their cost effectiveness in achieving high quality programs through efficient use of scarce and expensive human material resources - then they should also be applicable to other populations with similar severity of handicap. As this topic was discussed in Committee, some principles and guidelines began to emerge, together with some concerns and cautions. Before presenting our general recommendations in this area, we should like briefly to summarize the main points arising from the Committee's discussions.

First, there was a general recognition from the provincial representatives that there were concerns about the adequacy of existing special educational services to meet the needs of many severely/profoundly handicapped children, and that there was thus a prima facie case for examining possible roles for APSEA as a resource in this area. At the same time, concerns were expressed that further extensions of APSEA's field of operations might adversely affect the financial support from governments for services for the hearing and visually impaired. Although we recognized the legitimacy of this concern, we decided that it was really a separate issue for the APSEA Board to wrestle with, and not one that should prevent our broad examination of APSEA's present and future role.

The children most in need of service are those with relatively severe disabilities usually affecting performance in more than one functional area critically important for school learning and social adjustment - e.g. speech and language; motor/locomotor; cognitive. They could often be characterized as multihandicapped, though other designations (physically handicapped; cerebral palsied; brain-injured; autistic; traumatic head injury; severely/profoundly mentally handicapped) might be used, as well as severe emotional disturbance, severe learning disabilities or behaviour disorder. From an educational standpoint, however, they are all children who are difficult to serve in special education programs designed for the less severely handicapped children, and who may require considerable modifications in curriculum, and a very high level of personal service in the classroom.

We prefer at this stage not to use categorical terms to define this population, though it is hard to avoid using them descriptively. We would prefer to approach the definition of the problem by describing the kinds of service required by these pupils some of which are often difficult to find or provide at a school board level, but might be provided by APSEA.

These services include -

(a) educational assessment by a multi-disciplinary team;

(b) more extended educational assessment using a diagnostic or prescriptive teaching approach;

(c) technological supports, e.g. for children with motor impairments;

(d) behaviour management programs;

(e) teaching materials;

(f) consultation with teachers;

(g) inservice training programs for teachers;

(h) residential placement;

(i) parent counselling.

Additionally, APSEA might be involved in collaborative demonstration or short-term intervention projects with school districts or other agencies, and in less direct ways through participating in population surveys, and accessing information and resources.

We do not recommend that APSEA move immediately and directly into the provision of services in this field. Rather, we are suggesting a three-stage approach - first, an exploration with the provinces of possible areas of need for service; second, more formal demographic needs studies of target populations, and the collection of information about existing resources; and thirdly, development of specific proposals for APSEA involvement.

7.52 Recommendations - New Directions in APSEA Services and Resources

We recommend that:

7.5201 APSEA explore the feasibility of providing short-term specialized intervention programs for hearing impaired, visually impaired and other handicapped children during the summer or other vacation periods.

7.5202 The resource centres expand their operations in the development, evaluation and distribution of instructional materials (hardware/software) for hearing impaired, visually impaired and other hard-to-serve children being served in school districts;

7.5203 The resource centres, in conjunction with the Consultant, Staff Training and Development, place a high priority on the development and updating of instructional materials for the hearing impaired, visually impaired, and hard-to-serve pupils, such materials being designed specifically for regular school teachers and administrators;

7.5204 In making staff appointments to APSEA, and in staff training and development, APSEA's increasing consultative role should be taken into consideration;

7.5205 Staff appointments to APSEA, and staff training and development programs, should reflect the increasing technological influences upon special education by including individuals highly trained in these areas and/or supporting further training for existing staff members (see Section 3.5);

7.5206 APSEA collaborate with school districts, provinces and other agencies in special education demonstration projects, particularly those with widespread application and several components, such as direct services to children, staff training and development and evaluation of teaching/learning techniques and strategies;

7.5207 APSEA seek active collaboration with universities and hospitals in basic and applied research related to handicapped children served by APSEA - for example, follow-up studies of hearing and visually impaired pupils who have been served by APSEA and other provincial programs. (See Recommendation 6.217; Section 2.3).

7.5208 In view of the growing importance of this aspect of APSEA operations, and the proposals for expansion and increased resource services, an **Assistant Superintendent** in charge of **Outreach Services** be appointed. (See Recommendation 6.202; pp. 57-64; 71-72);

7.5209 The Board enter into discussions with the provinces about the desirability and feasibility of APSEA becoming involved in assisting provinces to meet the needs of categories of severely handicapped, hard-to-serve children such as autistic, those with severe emotional disturbances or behaviour disorders, those with multiple handicaps, those with severe motor impairments, and those with traumatic head injuries (see Section 3.21);

7.5210 If the response from the provinces is supportive of this proposal, there be an extension of APSEA's field of operations, at least to preliminary studies in this area, namely:

(a) to initiate demographic and needs studies at provincial and regional levels of one or more specific populations or target groups of hard-to-serve children;

(b) to collaborate with provincial and regional agencies and groups in determining existing resources in the Atlantic region for such target groups;

(c) to develop proposals for the possible involvement of APSEA in specific aspects of educational management - e.g. participation in instructional or demonstration programs, provision of resources and supports, consultation, provision or negotiation of a residential component where this is needed. (See Section 3.21).

SECTION 8

APSEA ORGANIZATIONAL STRUCTURE

8.1 Background - Present Status

The APSEA Board of Directors is responsible under the 1975 Handicapped Persons' Education Act (Nova Scotia) and the related Agreement among the four Atlantic provinces, for the administration, management, general direction and control of the Authority. The Board has 12 members, the Deputy Ministers of Education from the four provinces - who form the Executive Committee of the Board - and two persons appointed by the provincial governments for two year terms. The Board meets five times a year. The Program Advisory Committees for APRCHH and APRCVI are subcommittees of the Board. Their primary functions are to advise the Board and the resource centres about programs and services - in the words of the 1980 amendment to the Regulations "to perform such duties as are assigned to them by resolution of the Board". The Program Advisory Committees are chaired by a Board member; each committee consists of eight members, two from each of the four provinces. A recent joint meeting of the two Program Advisory Committees (June 1987) raised a number of issues of concern to both committees, and comments on the operation of the Program Advisory Committees. These included an emphasis on the importance of the Program Advisory Committees in providing a direct link between service programs and provinces, as well as between program staff and APSEA. Other points about the functions of Program Advisory Committees - they provide a means of monitoring programs and an additional channel of access for parents to the administration of APSEA and the resource centres.

The Chief Executive Officer of APSEA is the Superintendent whose administrative staff includes a Director of Finance and Administration; a Consultant, Programs and Services; and a Consultant, Staff Training and Development, in addition to clerical staff. Each of the resource centres (programs and services for the hearing and visually impaired) is headed by a Director, who reports through the Superintendent to the Board. Each of the resource centres has established its own 'in-house' advisory council or management committee, drawn from senior members of staff.

Learning disabled children were included in an amending agreement between the provinces (1981) which modified the definition of 'handicapped person' in Section 1(d) of the Agreement by adding "learning disabled" to the categories already named. In organizational terms, APSEA, as noted in Section 7.4, has developed a manual of policies and procedures (1980; revised 1983) relating to the operational definition of learning disabilities, the criteria for determining eligibility for service, the procedures for admission and review, and the roles and responsibilities of all those involved in referral, admission, placement and review. A key structure in this process is the Professional Committee on Learning Disabilities, whose function is "to consider referrals for residential schooling which have not received general agreement among the school district/unit, the department of education and the Superintendent of APSEA. The PCLD is appointed by the APSEA Board, and acts as an advisory committee to the Board.

8.2 Historical Note

Before attempting to lay the groundwork for recommendations about organizational structures, it should be noted that the 1973 report recommended, and the Nova Scotia 1975 Act, Agreement and Regulations included, in addition to the proposal for an APSEA-type Board, provisions for Executive Committees for the management of the resource centres, provincial Special Education Co-ordinating Committees in each of the provinces and Local Special Education Advisory Committees, appointed by school boards. The Executive Committees were to have representation from the Provincial Committees and the Local Committees. It is instructive to quote from the Act, "While it is in the intent that the Provincial Committees and Local Committees shall be composed of handicapped persons, persons from government, teaching and professions involved with services to handicapped persons, the number and composition of the membership of the said Committee shall be governed by regulations made after consultation with the Board,." [Handicapped Persons' Act 1974, Subsection 10 (3)].

The roles and responsibilities of the Executive Committee were redefined by the Board in 1980, and their name changed to Program Advisory Committee in January 1984. The Provincial and Local Committees were never established by the Board.

8.3 Principles Underlying Recommendations

APSEA's organizational/operational structure should reflect and recognize the following points, most of which have been rather fully discussed elsewhere in the report.

(a) Its regional characteristics - APSEA was set up as an attempt to address the special education needs of children in the low incidence categories of exceptionality, on the premise that the range of high quality, often expensive services, needed by these children could most efficiently be provided on a regional basis.

(b) Sensitivity to the differences between provinces especially with respect to needs for and priorities attached to specific services required from APSEA - it is essential that each province be closely involved in all aspects of APSEA operations, programs and services.

(c) The fiscal contribution of the four participating governments - not only should governments be directly involved in the management of APSEA, but they also need to be satisfied they are getting value for money.

(d) The need for each of the principal constituents, especially the consumers of APSEA services (including groups and organizations representing consumers of APSEA services) to have access to and representation on decision-making and advisory boards and committees, as intended by the legislation.

(e) The growing emphasis on outreach services - more children are now being served by APSEA in their home communities than through on campus programs. We need to examine the implications of this trend for management and organizational styles and practices.

(f) The need for professional and technical expertise and advice, particularly if APSEA's resource role is to expand - although the major source of this expertise should continue to be drawn from APSEA staff, it is also important to look outside APSEA for knowledge, ideas and stimulation. APSEA needs an organizational structure that will both nurture 'in-house' research and development, and attract interest and collaboration from outside professionals and agencies.

(g) The need to preserve links between children being served in residential programs and their home communities and provinces.

(h) Finally, the organizational structure of APSEA should reflect the total size of an admittedly complex operation - i.e. should avoid a cumbersome bureaucracy, and be as efficient and streamlined as possible.

In Committee we have tried to look at each of the present APSEA structures - the Board, the central office, the Program Advisory Committees, the Professional Committee on Learning Disabilities, the resource centres, the outreach services, the vocational programs, the teacher education/staff training component - in the light of the factors already identified, as well as others that may be suggested. In this way we have attempted to recognize what seems to be working well, and what might be changed or replaced.

Provincial governments are well represented on the APSEA Board and on the Program Advisory Committees by senior administrators, special education personnel and other appointments. Provincial governments and school districts are directly involved with APSEA by being 'built in' to the resource centres or for learning disability placement, and through working with APSEA staff in the provision of outreach services. However, school districts (with perhaps one or two exceptions) don't seem to be closely involved in the planning and delivery of these services. If, as we may anticipate, the trend towards integration/mainstreaming continues, and increasing numbers of children are to be served in their home communities, we need to examine and support ways in which resource centres can most effectively involve school districts in collaborating in the planning, delivering and evaluation of services. This is what was in the mind of the formulators of the 1973 recommendation on Local Committees. Is this a workable idea, however? Could the need be met, in part, by the establishment of the Provincial Advisory or Co-ordinating Committees suggested in Section 5.4?

Though we recognize that organizations as well as individuals can become strangled by too many committees, we continue to believe that in the organization of special educational services at the local or community level, there are significant advantages for both consumers and service-providers in having formal or informal arrangements for meeting and sharing information, rather than waiting for confrontations or complaining about isolation.

The groups that have the weakest representation in the existing APSEA organization are consumers - parents, handicapped persons, groups representing consumers - and professionals.

The 1973 committee report endorsed the principle that consumers should be represented at all levels of APSEA operations - i.e. in the policy making board, the Executive Committees for the resource centres (now Program Advisory Committees), the Provincial Special Education Co-ordinating Committees (never established) and the Local Special Education Committees (never established).

There were several reasons for the emphasis placed on the importance of consumer representation. In reconsidering this issue in 1987 it seems to us that the most important reasons for the inclusion of consumer representation could be listed as follows:

(a) It is consistent with democratic principles.

(b) It provides important input to policy and decision making.

(c) It reinforces the principle that all successful education (in this instance, special educational intervention) is based upon the co-operation and partnership of many individuals and groups - not something that is "done" to children "by" the school systems.

(d) It enhances communication between the educational system and consumers/consumer groups.

(e) It supplies a necessary corrective to the operation of bureaucracies.

(f) It introduces an important element for growth and change within a system (which will otherwise tend to become self-perpetuating).

(g) It provides a vehicle for replacing reactive confrontations with proactive problem solving.

Consumers are thus people who have a great deal to contribute to APSEA, perhaps at the cost of generating some friction. Where could their influence be best expressed? At one level only - such as an advisory council? or, as must be preferable, at all levels?

8.4 Recommendations About Organizational Structures

We recommend that:

8.401 In nominating members to the APSEA Board, each province include at least one 'consumer' - i.e. handicapped individual, the parent of a handicapped individual, or a representative of an organization serving the needs of the handicapped. In selecting Board members who are 'consumers' from the four provinces, it would obviously be desirable to ensure, as far as possible, representation from all the main categories of handicapped children served by APSEA.

8.402 The Board should consider replacing the two Program Advisory Committees with a single Program Advisory Committee which would be chaired by a Board member, with a maximum term of office of two years, and would meet at least three times a year. Membership of the committee would consist of at least two nominees from each of the four provinces, with a provision for appointing additional members whose special knowledge or expertise would be of help to the work of the committee.

8.403 The principal functions of the proposed Program Advisory Committee would be (a) to serve as an advisory committee to the APSEA Board and to the resource centres; (b) to provide a direct and close link between the provinces and the direct service programs administered by APSEA, and between the APSEA programs themselves; (c) to recommend and in some instances sponsor, studies of the quality and effectiveness of APSEA services.

8.404 The Program Advisory Committee should have the power to appoint subcommittees concerned with specific aspects of APSEA operations, such as residential services for the hearing impaired, residential services for the visually impaired, and outreach services.

8.405 In addition to the Board and Program Advisory Committee as outlined, and the proposal for Provincial Advisory and Co-ordinating Committees (see Section 5.4) we recommend that the Board consider setting up three specialized committees as follows:

(a) a **Scientific and Technical Advisory Committee** - this committee would be appointed by the Board, and would consist of about ten members drawn from the professional community in the Atlantic region - e.g. universities, medicine, education, and social services. It would meet at least twice a year. The Superintendent or his representative would attend meetings, as would a designated representative from each of the resource centres or other programs. The committee chairman would be invited to attend Board meetings, and would present reports from the committee to the Board. The Scientific and Technical Advisory Committee would have the power to form subcommittees and to co-opt individuals with particular expertise to serve on such subcommittees.

The main functions of the Scientific and Technical Advisory Committee would be as follows:

(i) to provide the Board with advice on scientific and technical matters of interest to APSEA, referred to the committee by the Board;

(ii) to stimulate the development of APSEA's resource role by encouraging high quality research and technical development studies within the field of APSEA;

(iii) to provide an important link with universities, hospitals and other centres engaged in research related to APSEA's field of interest;

(iv) to form steering committees for research projects within APSEA;

(v) to review research proposals and advise the Superintendent and the Board about their importance and feasibility;

(vi) to provide consultation for APSEA directors and staff regarding in-house research projects.

(b) A **Staff Training and Education Committee,** responsible to the Board for developing and supervising arrangements for the professional education of teachers of the hearing impaired, visually impaired, and other hard-to-serve categories in the Atlantic region, and inservice education of teaching and nonteaching staff.

(c) A **New Programs Committee,** for the investigation of areas of special need with respect to the education of hard-to-serve handicapped children, as identified by the provinces (see Section 7.5), and, if approved by the Board, for the development of proposals for APSEA involvement in programs and services for such populations. This committee would be formed by the provincial directors of special education and the Superintendent of APSEA, with the power to co-opt additional members.

8.406 In keeping with the variety of programs and services offered by APSEA, we recommend that the title of the Superintendent be changed to that of Chief Executive Officer (C.E.O.).

THE RECOMMENDATIONS

RECOMMENDATIONS

SECTION 3 - Contemporary Issues in Special Education Affecting APSEA

3.601 APSEA participate with the four member provinces in determining useful and functional formats for individual education plans (I.E.P.'s) for APSEA pupils, together with clearly formulated guidelines for their use (see Section 3.1);

3.602 Program and placement decisions should reflect the educational setting in which a school district, in partnership with APSEA, can best make available the very specialized support services a child may require (see Section 3.1, pp.26 and 27);

3.603 APSEA work with the four participating provinces in formulating clearly stated policies governing the provisions and delivery of educational services to severely/profoundly multihandicapped children (see Section 3.21);

3.604 APSEA and provincial departments of education take steps to ensure more participation of other arms of government such as Health and Social Services in fiscal and other provisions for severely/profoundly multihandicapped children who require significant health and other services as a condition of their educational placement (see Section 3.21);

3.605 APSEA develop measures more appropriate for assessing academic progress of children served by APSEA programs (see Section 3.4).

SECTION 4 - The Review of APSEA - General Principles Underlying the Committee's Recommendations

4.301 In the organization and operation of its services, APSEA include detailed and specific provisions ensuring that the procedural rights of all pupils receiving APSEA services, and those of their parents and guardians, are fully and adequately protected;

4.302 APSEA continue to play a full part in representing to government, other community agencies, and the general public the needs and interests of the consumers of its services. (see Section 4.13).

4.303 In evaluating its services, APSEA keep in mind the needs and interests of all the five primary constituents identified in Subsection 4.21 of the report.

SECTION 5 - APSEA and the Four Atlantic Provinces

5.501 APSEA and the Province of New Brunswick collaborate in a 'case study' of services to hearing and visually impaired francophone pupils served under the new administrative arrangements. (See Section 5.4).

SECTION 6 - APSEA Mandate and Roles

6.201 That the Atlantic provinces continue to support a regional approach to the planning, co-ordination, and delivery of resources and services for severely handicapped children. (See Sections 5.2; 6.1).

6.202 That APSEA continue to provide instructional, diagnostic and assessment, vocational training, consultant, and other educational resource services for hearing impaired and visually impaired children and youth from the four Atlantic provinces, through residential programs and outreach services; and APSEA ensures that in planning and delivering services, it is fully responsive to the needs and requirements of each of the four Atlantic provinces. (See Sections 4.11; 5.1).

6.203 In providing these services, that APSEA continue to be responsive to the variety and heterogeneity of need in these populations, and thus strive to support a continuum of services and a range of options from age 0-21. (See Sections 3.1; 7.2).

6.204 That APSEA give high priority to establishing and maintaining standards for the operation of its residential, outreach and consultant services, including procedures for the periodic evaluation of specific aspects of service through controls built into the teaching/learning activities and for a periodic review of the regional system for service delivery.

6.205 APSEA review with each province its needs for specific outreach services from APSEA both on a short-term and a longer-term basis, and develop proposals for meeting those needs.

6.206 APSEA continue to provide and support services to preschool children and their families.

6.207 APSEA be prepared to provide a full range of consultative services to those provinces assuming a greater direct role for organizing and administering services to hearing and visually impaired children, should these services be requested by the province.

6.208 APSEA give priority to the preparation of teachers in regular education to work with hearing and visually impaired and other severely handicapped children (see Section 7.5).

6.209 APSEA continue to develop, evaluate, and make available to teachers in school districts, resources and materials used in teaching children in the categories in the mandate (see Sections 5.4; 6.2).

6.210 APSEA take special care to ensure that children are admitted to long-range residential programs only after systematic consideration of all available alternatives, and remain in residential programs only as long as such a placement continues to be needed (see Section 6.2).

6.211 APSEA develop a greater variety of arrangements for vocational education and preparation for hearing and visually impaired individuals (see Sections 7.2; 7.3).

6.212 APSEA continue to maintain data and records pertaining to hearing and visually impaired populations in the Atlantic provinces being served or requiring service by APSEA, and making such information available to the public through annual reports and other documents or publications in print and non-print media (see Section 4.13).

6.213 APSEA examine its role with respect to the education of learning disabled children (see Section 7.41).

6.214 APSEA examine the feasibility of providing direct and indirect services for some categories of 'hard-to-serve' handicapped children, including but not restricted to the autistic, those with severe behaviour disorders, the multihandicapped and those with traumatic head injuries (see Section 7.51).

6.215 That APSEA, by preparing and circulating materials, continue to inform the public in a realistic and positive manner, about the needs of the hearing and visually impaired as well as the services available to them. (See Sections 3.22; 4.13).

6.216 Continue to provide and in other ways support training and professional development of teachers and others in Atlantic Canada, including APSEA staff. This will likely require collaboration with universities and colleges for the provision of initial specialist teacher education and further professional development at the graduate level, as well as training programs for support staff (see Section 6.2, pp.74, 75 and 76)·

6.217 APSEA should extend its research role, for example, through a 'data bank', by supporting within-system research studies (e.g. the 'integration instrument' developed by APRCHH) and by much more active collaboration with universities and other agencies (see Sections 7.21; 8.3).

6.218 APSEA explore, with one or more of the participating provinces, data-based approaches to costing special educational services supplied to hearing and visually impaired children through outreach or local programs.

SECTION 7 - APSEA Services and Resources

7.2201 APRCHH continue to serve as the major educational resource centre in Atlantic Canada, and continue to provide residential programs for hearing impaired pupils, including academic programs, services for the multihandicapped, vocational programs, diagnostic services, and the field placement/practicum component of the teacher education program.

7.2202 Efforts be made to establish links between APRCHH and APSEA, and other programs and services for hearing impaired pupils in Atlantic Canada through representation on committees and participation in joint projects.

7.2203 The residential academic programs at APRCHH should, as far as possible, be designed for hearing impaired pupils at the junior and senior secondary levels rather than at the elementary level, and that every effort should be made to serve young hearing impaired children in or close to their home communities (see p.80)·

7.2204 The Board examine further the advantages of transferring the Fearon Unit for deaf-blind children from APRCHH to APRCVI.

7.2205 APRCHH continue to encourage and support staff engaged in systematic data collection and other research activities directly related to their professional activities and the goals of APSEA.

7.2206 In developing and staffing the diagnostic, assessment and technical services for hearing impaired children available through APRCHH, particular attention be paid to three components - (a) improvement of access for hearing impaired children to skilled psychological counselling; (b) the improvement in all areas of diagnosis, assessment and educational management for francophone hearing impaired children; (c) a significant extension of specialized consultative and support services to provinces and local school districts (outreach services) in the areas of audiology, psychology, speech and language pathology, and educational planning.

7.2207 APRCHH continue to play a major role in Atlantic Canada in the professional training and development for teachers and others working with hearing impaired children. (See Section 6.2, pp.74, 75 and 76 and Recommendation 6.216);

7.2208 Specialist training for teachers of anglophone and francophone hearing impaired children provided through APSEA be of the highest quality and fully comparable with standards set by other Canadian and U.S. programs in this area, and at this level. (See Section 6.2, pp. 74, 75 and 76 and Recommendation 6.216);

7.2209 To ensure high quality training for francophone teachers of hearing impaired children, APSEA continue to explore development of, and access to, specialist teacher training. (See Section 6.2, pp.74, 75, and 76 and Recommendation 6.216).

7.2210 APSEA formulate clearly defined competencies required by child care and residential staff at APRCHH, with recommendations for preservice and inservice training programs related to these competencies.

7.2211 The vocational training program at the Atlantic Technological Vocational Centre (ATVC) continue to offer prevocational and work experience programs for hearing impaired students.

7.2212 APSEA and the governments of the four Atlantic provinces commission a broadly based study, with representation from appropriate community agencies including those serving the hearing impaired and other government services, to investigate employment opportunities for the hearing impaired in Atlantic Canada, and develop proposals for providing better vocational training facilities for the hearing impaired through more effective use of existing vocational training institutions in addition to ATVC (see Recommendation 7.3108).

7.2213 ATVC increase its capacity to support hearing impaired pupils in other institutions to be able to utilize technical training.

7.3101 In general, the residential facilities at APRCVI should not be used for long-term placements. They should be used as a convenient and necessary means to achieve specific goals - e.g. extended assessment, or short-term educational intervention designed to help visually impaired children/ youth develop necessary academic, orientation and mobility, social and/or vocational skills.

7.3102 APSEA initiate a survey in all four Atlantic provinces of multihandicapped visually impaired children. The information that is sought should provide as accurate a head count as possible, and should include at least the following data - age/date of birth; severity of visual impairment; type(s) and severity of all other handicapping conditions; residence location; educational and/or other services presently being received; nature of service required/requested from APSEA (if any).

7.3103 APRCVI should not become a long-term residential institution for severely/profoundly multihandicapped children, whose visual impairment is one of several factors contributing to developmental delay and educational handicap. The resource centre is an appropriate setting for shorter-term assessments of such children.

7.3104 Exceptions to the above (7.3101 and 7.3103) may need to be made in the case of a clearly designated population requiring highly specialized educational services, for example, the deaf-blind (see Recommendation 7.2204).

7.3105 APSEA supply specific educational components related to the visual impairment of multihandicapped visually impaired children being served in programs for severely multihandicapped children in the child's home community (see p. 89).

7.3106 Particular attention should be paid to the further development of the services at APRCVI for the detailed educational assessment of visually impaired children, using a multi-disciplinary approach combined with short-term diagnostic teaching.

7.3107 In view of the limitations in service for francophone children at the resource centre, APSEA enter into discussions with New Brunswick to discuss needs for service for francophone children that might be provided at the resource centre - e.g. assessment, short-term residential, prevocational - and develop facilities to meet those needs.

7.3108 A comprehensive plan for prevocational, vocational training and placement for visually impaired youth should be developed by APSEA in association with the CNIB and other community agencies. As far as possible, proposals for vocational assessment and placement should make full use of programs and services already available in the community, and supplement these by specialized resources. There may, however, be some need for designated space and materials on the APRCVI campus, particularly for the prevocational program. The development of such a comprehensive plan would require the investigation of employment opportunities for the visually impaired in Atlantic Canada as a part of the study recommended in Recommendation 7.2212. (See Recommendation 7.2212 and pp.85 and 86).

7.3109 APSEA urgently address the need for specialized training for teachers of the visually impaired. (See Section 6.2, pp.74, 75 and 76 and Recommendation 6.216).

7.3110 APRCVI continue to play a major role in Atlantic Canada in the professional training and development for teachers and others working with visually impaired children. (See Section 6.2, pp.74, 75 and 76 and Recommendation 6.216).

7.3111 Priority should be given for both space and budget to develop the resource role of APRCVI, particularly in the area of (a) technological resources designed to assist visually impaired students in the classroom and activities of daily living; (b) production of braille materials; (c) teaching and curricular materials; (d) inservice education and training programs for both specialist and non-specialist teachers; (e) information services relating to visual impairment; (f) programs designed for parents.

7.4201 APSEA examine its policies, procedures and services for learning disabled children after consulting with each of the provinces to determine which, if any, services, programs or resources for learning disabled children which are perceived as being needed, would more efficiently be provided or supported at a regional level by APSEA rather than solely at the provincial or local level.

7.4202 If there is sufficient support from the provinces for an examination of such regional services for learning disabled children, a representative committee should be struck to make specific recommendations to the Board about the type and location of services that should be developed, together with estimates of cost and a time frame. This committee should include expert and consumer representation.

7.4203 If the Board decides to retain for the present the arrangements for placing learning disabled children in residential programs, we would like to see either the elimination of the misleading learning disabled label for this purpose, or a significant change in its operational definition, so that other severely educationally handicapped children needing residential placement could also become eligible for such a service.

7.4204 APSEA monitor very carefully the progress of children receiving these residential services, wherever possible using or requiring empirical data to verify educational and personal progress.

7.5201 APSEA explore the feasibility of providing short-term specialized intervention programs for hearing impaired, visually impaired and other handicapped children during the summer or other vacation periods.

7.5202 The resource centres expand their operations in the development, evaluation and distribution of instructional materials (hardware/software) for hearing impaired, visually impaired and other hard-to-serve children being served in school districts.

7.5203 The resource centres, in conjunction with the Consultant, Staff Training and Development, place a high priority on the development and updating of instructional materials for hearing impaired, visually impaired, and hard-to-serve pupils, such materials to be designed specifically for regular school teachers and administrators.

7.5204 In making staff appointments to APSEA, and in staff training and development, APSEA's increasing consultative role should be taken into consideration.

7.5205 Staff appointments to APSEA, and staff training and development programs, should reflect the increasing technological influences upon special education by including individuals highly trained in these areas and/or supporting further training for existing staff members (see Section 3.5).

7.5206 APSEA collaborate with school districts, provinces and other agencies in special education demonstration projects; particularly those with widespread application and several components, such as direct services to children, staff training and development and evaluation of teaching/learning techniques and strategies.

7.5207 APSEA seek active collaboration with universities and hospitals in basic and applied research related to handicapped children served by APSEA - for example, follow-up studies of hearing and visually impaired pupils who have been served by APSEA and other provincial programs. (See Recommendation 6.217; Section 2.3).

7.5208 In view of the growing importance of this aspect of APSEA operations, and the proposals for expansion and increased resource services, an **Assistant Superintendent** in charge of **Outreach Services** be appointed. (See Recommendation 6.202; pp.57-64; 71-72).

7.5209 The Board enter into discussions with the provinces about the desirability and feasibility of APSEA becoming involved in assisting provinces to meet the needs of categories of severely handicapped, hard-to-serve children such as autistic, those with severe emotional disturbances or behaviour disorders, those with multiple handicaps, those with severe motor impairments, and those with traumatic head injuries (see Section 3.21).

7.5210 If the response from the provinces is supportive of this proposal, there be an extension of APSEA's field of operations, at least to preliminary studies in this area, namely:

(a) to initiate demographic and needs studies at provincial and regional levels of one or more specific populations or target groups of hard-to-serve children;

(b) to collaborate with provincial and regional agencies and groups in determining existing resources in the Atlantic region for such target groups;

(c) to develop proposals for the possible involvement of APSEA in specific aspects of educational management - e.g. participation in instructional or demonstration programs, provision of resources and supports, consultation, provision or negotiation of a residential component where this is needed. (See Section 3.21).

SECTION 8 - APSEA Organizational Structure

8.401 In nominating members to the APSEA Board, each province include at least one 'consumer' - i.e. handicapped individual, the parent of a handicapped individual, or a representative of an organization serving the needs of the handicapped. In selecting Board members who are 'consumers' from the four provinces, it would obviously be desirable to ensure, as far as possible, representation from all the main categories of handicapped children served by APSEA.

8.402 The Board should consider replacing the two Program Advisory Committees with a single Program Advisory Committee which would be chaired by a Board member, with a maximum term of office of two years, and would meet at least three times a year. Membership of the committee would consist of at least two nominees from each of the four provinces, with a provision for appointing additional members whose special knowledge or expertise would be of help to the work of the committee.

8.403 The principal functions of the proposed Program Advisory Committee would be (a) to serve as an advisory committee to the APSEA Board and to the resource centres; (b) to provide a direct and close link between the provinces and the direct service programs administered by APSEA, and between the APSEA programs themselves; (c) to recommend and in some instances sponsor, studies of the quality and effectiveness of APSEA services.

8.404 The Program Advisory Committee should have the power to appoint subcommittees concerned with specific aspects of APSEA operations, such as residential services for the hearing impaired, residential services for the visually impaired, and outreach services.

8.405 In addition to the Board and Program Advisory Committee as outlined, and the proposal for Provincial Advisory and Co-ordinating Committees (see Section 5.4) we recommend that the Board consider setting up three specialized committees as follows:

(a) a Scientific and Technical Advisory Committee - this committee would be appointed by the Board, and would consist of about ten members drawn from the professional community in the Atlantic region - e.g. universities, medicine, education, and social services. It would meet at least twice a year. The Superintendent or his representative would attend meetings, as would a designated representative from each of the resource centres or other programs. The committee chairman would be invited to attend Board meetings, and would present reports from the committee to the Board. The Scientific and Technical Advisory Committee would have the power to form subcommittees and to co-opt individuals with particular expertise to serve on such subcommittees.

The main functions of the Scientific and Technical Advisory Committee would be as follows:

(i) to provide the Board with advice on scientific and technical matters of interest to APSEA, referred to the committee by the Board;
(ii) to stimulate the development of APSEA's resource role by encouraging high quality research and technical development studies within the field of APSEA;
(iii) to provide an important link with universities, hospitals and other centres engaged in research related to APSEA's field of interest;
(iv) to form steering committees for research projects within APSEA;
(v) to review research proposals and advise the Superintendent and the Board about their importance and feasibility;
(vi) to provide consultation for APSEA directors and staff regarding in-house research projects.

(b) a **Staff Training and Education Committee,** responsible to the Board for developing and supervising arrangements for the professional education of teachers of the hearing impaired, visually impaired, and other hard-to-serve categories in the Atlantic region, and inservice education of teaching and nonteaching staff.

(c) a **New Programs Committee,** for the investigation of areas of special need with respect to the education of hard-to-serve handicapped children, as identified by the provinces (see Section 7.5) and, if approved by the Board, for the development of proposals for APSEA involvement in programs and services for such populations. This committee would be formed by the provincial directors of special education and the Superintendent of APSEA, with the power to co-opt additional members.

8.406 In keeping with the variety of programs and services offered by APSEA, we recommend that the title of the Superintendent be changed to that of Chief Executive Officer (C.E.O.).

THE APPENDICES

APPENDIX A

APPENDIX A

Supporting Documents

APRCHH. Report of the L.A.C. Graduate Questionnaire: Results and Conclusions, 1982.

APRCHH. Report of 1986 Master Teacher Survey.

APRCHH, Program Advisory Committee. Future Directions - Vocational Training Programs for the Hearing Handicapped, 1985.

APSEA Program Advisory Committees. Report of the Study of Off Campus Programs and Services for Hearing and Visually Impaired Pupils, 1986.

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Harmer, D.S. Atlantic Provinces Resource Centre for the Visually Impaired: Changing Pupil Needs - A Review of Staff Changes, 1972-1987, 1987.

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Heyer, I. and Gerrior, P. Comprehensive Services for the Handicapped in Nova Scotia: A Preliminary Brief, 1987.

Jones, A.G. The Changing Role of Residential Schools, 1986.

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P.E.I. Advisory Committee on Learning Disabilities. Report of the Advisory Committee on Learning Disabilities to the Minister of Education, Province of Prince Edward Island, 1980.

P.E.I. Education Coalition. Education Coalition Discussion Paper, 1986.

Presentation by J. McConnell to CNIB/Manpower Conference. Co-operative Education at the Atlantic Provinces Resource Centre for the Visually Impaired and Sir frederick Fraser School, Toronto, September, 1986.

1986-87 APSEA Budget Estimates.

APSEA, APRCHH and APRCVI program brochures.

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Bowd, A.D. Mainstreaming and Integration: Conceptual Differences, Canadian Journal for Exceptional Children (1987), Vol. 3 Number 3.

Graham-Dickson, M.A. Masters' Thesis (1987) University of British Columbia.

Kendall, C.D. Atlantic Provinces Report of the Special Education Committee to the Ministers of Education (1973).

Lazure, D. The CELDIC Report: One Million Children, 1970, Toronto: Crainford.

APPENDIX B

APPENDIX B

Record of Chairman's Field Visits

October 30 and 31, 1986 - **Visit to Province of Newfoundland**

- Registry of Handicapped Persons, Department of Health
- Canadian National Institute for the Blind
- Department of Education
- Newfoundland Coordinating Council on Deafness
- Newfoundland School for the Deaf
- Special education co-ordinators and itinerant teachers (Conception-Trinity-Placentia Bay areas)

November 3 and 4, 1986 - **Visit to Atlantic Provinces Resource Centre for the Visually Impaired (APRCVI), Halifax**

November 5 and 6, 1986 - **Visit to Atlantic Provinces Resource Centre for the Hearing Handicapped (APRCHH), Amherst**

December 11 and 12, 1986 - **Visit to Province of New Brunswick**

- Department of Education (anglophone)
- Outreach staff of APSEA, parents of hearing and visually impaired pupils, School District 20 teachers and principals
- Department of Education (francophone)
- School Superintendents

December 14, 1986 - **Visit to Landmark East, Wolfville, Nova Scotia**

December 15 and 16, 1986 - **Visit to Province of Nova Scotia**

- School visit - Queen Elizabeth High School (integration of visually impaired pupils)
- Superintendents and special education administrators from the Halifax County-Bedford, Halifax City, Cape Breton, Kings County, and Lunenburg County District School boards
- Nova Scotia School Boards Association and Nova Scotia Teachers Union
- School visit - Harbourview School -0 day class of hearing impaired pupils
- Dartmouth District School Board - chairman, superintendent, special education co-ordinator
- Department of Education
- Nova Scotia Coordinating Council on Deafness
- Psychology Department, I.W.K. Hospital for Children
- Nova Scotia Hearing and Speech Clinic
- Department of Health

February 5 and 6, 1987 - **Visit to Province of Prince Edward Island**

- School programs
- Special education teachers
- Department of Education
- Community professional advocacy groups, parents
- School superintendents

APPENDIX C

APPENDIX C

Observations and Questions from Reaction Paper #2 for Discussion on Outreach Services

3. Outreach Services All Provinces: Some General Observations - Mostly Questions for Discussion and Further Study

3.1 Introduction

There should, I think, be no need to defend the principles of delivering special education services as far as possible to children in their home communities, so that children are not separated from their families and nonhandicapped peers, families are more directly involved in their child's educational program, and local school boards assume fuller responsibility for planning, carrying out and evaluating this program. It's also clear that a pattern of locally delivered service permits - though it doesn't necessarily imply - a greater degree of mainstreaming for children with low incidence disabilities.

My questions and comments are arranged under five headings, (a) Quality of Services; (b) Cost Efficiency/Effectiveness; (c) Situation of Outreach Teachers; (d) School Boards; (e) Direction and Effects of Changes in the Delivery System.

3.2 Quality of Services

How good are the existing outreach services? How are they currently evaluated - by whom, by what methods? How should they be evaluated? How can this evaluation data be produced so that it is most useful to all our constituents - children, families, school districts, governments, teachers and other staff? I have seen a good deal of information about number of contact hours and qualifications of staff, and this is useful in terms of descriptive statistics and cost of services. But I think we also need to know about the processes leading to a decision to provide (or not to provide) service, and the amount of service that is to be provided, e.g. how many hours a week or month of itinerant teacher time, working towards what goals? How is pupil progress evaluated? I have more questions, but these will do for a start.

3.3 Cost Efficiency/Effectiveness

These questions are the other side of the coin, so to speak. What value are governments (taxpayers) getting for their money? Do we need to do more than provide a service within a specified budget, staffed with appropriately qualified individuals? If so, stop here. But if not, we can begin to ask other questions. Can some of the duties of relatively high cost teachers be effectively but more economically carried out by relatively low cost tutors? Should we be concerned about relatively or apparently unproductive travel time? Are services administered from a centralized agency such as APSEA more cost efficient then services administered locally by school boards or provincially by departments of education? Can such relative costs be calculated with reasonable accuracy? As a start, should we be looking at APSEA outreach services broken down so that we can see however crudely some of the relative costs of particular services between categories, types of service, provinces and so on? I began to make such a comparison between costs of services for francophone vs. anglophone systems in New Brunswick, and found the results interesting but difficult to interpret.

3.4 Situation of Outreach Teachers

What do teachers gain by being hired by, directed by, affiliated to a highly specialized agency such as APSEA/Resource Centres? How can we best describe and document this `gain' - if it exists? How are professional growth/stimulation/effectiveness related to conditions of employment - for example, is there a necessary connection between a teacher`s professional growth etc. and the educational system for which the teacher works? What do APSEA outreach teachers lose and gain by being employed by APSEA but working in school districts? Are itinerant teachers properly prepared by training or experience, or adequately supported by inservice, for the very different role of itinerant as compared with classroom teacher? My impressions from my discussions so far suggest that this is a real problem for some itinerant teachers.

3.5 School Boards

Most school boards in provinces directly served by APSEA outreach services seem to have expressed a generally positive view of APSEA services in the recent evaluation. Are school boards ready, able, and willing to assume greater managerial responsibility for outreach services for the visually and hearing impaired (or other low incidence categories)? From our experience, what have we to say about the conditions of readiness? Are there significant differences with respect to management responsibility between the situation of school boards serving larger populations and those serving smaller populations? If so, how might these differences be addressed? At the local, or school board level, is there a need for consumer and professional input in relation to the management and operation of services for pupils with highly specialized educational needs? If so, how could this need be met? Underlying all these questions we should recognize that similar kinds of questions should be directed towards provincial departments of education.

3.6 Direction and Effects of Change in the Outreach System

Although most of us would probably feel more comfortable with systems which remained relatively stable and balanced, we don't live in such a utopian world. And, on the other side, it should be said that stability is also related to inertia and stagnation. I don't usually advocate change for the sake of change, but I think that its good from time to time to take stock of where we are, and in what direction the rest of the world is moving. For this committee (fortunately) `the world' is quite small, and for this paper can be restricted to the settings of the outreach services. I'd prefer not to articulate my impressions in any depth in this paper, but rather to ask each of you on the committee to come to our next meeting prepared to speculate about future directions for outreach services from your own perspective (provincial/resource centre/agency). For example, it's been clear from my discussions in New Brunswick that the department of education intends to establish more direct control of the outreach services, at least for the francophone population. Given this direction, what have we to say about the implications of such a move upon other constituents of APSEA services, as identified in our model? I would have some concerns about specific aspects of the program such as preschool services, as well as with more general aspects such as ways in which the professional support systems of teachers could be maintained.

APPENDIX D

APPENDIX D

EQUIPMENT NEEDS OF PUPILS SERVED BY APRCVI

Background Information

As the visual acuity of a person decreases it is usually necessary to increase the size of the print. There is a limit to this as the reading speed decreases as the print size gets larger. This is because the larger print size restricts the amount of print that can be seen at any one instant. Braille is usually introduced when an appropriate reading speed cannot be achieved with print.

Small amounts of magnification can be provided by using optical aids, but large amounts of magnification must be provided electronically.

Currently the only effective method of written communication between the teacher and the pupil is by using the periodic services of an itinerant teacher. Modern technology must be introduced to overcome this.

Page AA1 at the end of this appendix shows statistics on the location of the types of equipment typically being provided for use in public schools and the distribution of the equipment by province. The table on page AA2 shows the age of the equipment. It will be noted that over 50% of the equipment is now over 5 years old and much of the equipment currently shown as 'in stock' is older equipment which is only marginally functional. It is no longer possible to service some of this older equipment, particularly the electronic enlarging systems.

Electronic Aids, General Purposes:

I. Current Equipment

Maintaining an up-to-date inventory has been somewhat difficult, one reason being the large geographic area (Atlantic Canada) served.

1. Calculators, Large Print

The centre currently owns 26 large print calculators. Twenty additional calculators are recommended.

2. Electronic Enlarging Systems

Forty-eight of the 92 systems on inventory are five or more years old and can no longer be adequately maintained. There are also additional pupils in the field who need electronic enlarging systems. It is recommended that 60 be replaced.

3. Language Masters

Sixty of these are now five or more years old, although they are mostly able to be maintained in an operational state. It is recommended that 20 be replaced.

4. Tape Recorder, 4-Track

These machines are used to produce tapes for pupils as well as for use by the pupils themselves. Sixty-seven of these are now over five years old and should be replaced. There is also a shortage of units available in the field. It is recommended that 80 units be purchased, 67 of them as replacements.

5. Typewriters

Seventy-seven of the 162 machines owned are over 5 years old. There are now some small, portable machines on the market which type almost silently, a major factor when considering classroom atmosphere. It is recommended that 80 of the older machines be replaced.

II. As will be seen in the braille section of this appendix, there are over 50 braille-users in the system. There are also a number of very low vision pupils who would benefit from access to computer equipment, both to present their thoughts in a legible form for their teacher and to familiarize them thoroughly with the potential of computers in their future work. Initially it is recommended that 50 computers be purchased, 25 with large print monitor and 25 with speech synthesized output. Each of these would require a dedicated print printer for outputting the material.

Currently the centre has no Speech Boards as are used for severely disabled pupils who do not have any verbal language skills, but who do have the ability to communicate. It is recommended that three such systems be added to the centre's equipment inventory.

Equipment Required for Braille Use

A paper has recently been written by resource centre staff outlining methods of improving the availability of braille for the public school pupil. (Reference: Braille Production, APRCVI, July, 1987, by Daniel S. Harmer, assisted by Judi Johnson, P. Ann MacCuspie, Guy Pare, Maxine Tucker).

I. Long Braille Texts

These will continue to be prepared either in Halifax for English Braille or in Moncton for French Braille. Production methods need to be updated by introducing computers instead of the current braille writers. A modem is required to be able to send these texts to other users through Atlantic Canada.

II. Instant Braille Required in the Classroom

It is necessary for the teacher to be able to communicate to the pupil and for the pupil to be able to communicate with the teacher on a day-to-day basis. There are currently 20 pupils age 11 and under, and 31 aged 12 and over being served in the school system. For the younger pupils it is recommended that each be provided with a device which attaches to the braille writer and produces a print translation of the braille on a print printer. It is recommended that 25 sets of equipment be purchased.

Each braille pupil requires a minimum of one braille writer at home and one in school as these machines do not travel well. Although braille writers typically have a working life of up to 10 years, 56 of those on inventory are now over 10 years old and cannot be maintained reliably. It is recommended that 60 be purchased.

For the older pupil it is recommended that each pupil be provided with a lap-top portable computer with a speech synthesizer included. This arrangement was not available when the referenced braille paper was written in July, 1987. A print printer will be required to provide output to the teacher. For some older pupils intending to go on to post secondary education, training must be available in the use of a Versabrailler, a specialized piece of equipment dedicated for use by the blind. It provides the user with a direct braille output. It is recommended that 35 sets of computing equipment be purchased, together with 10 Versabraillers.

To assist the teacher to provide braille for each pupil requiring it, each public school requires equipment to send text to a centre and receive it back again in a form ready to be printed in braille. Each school will require a computer, a modem, a braille printer and a print printer.

APPENDIX

Recommendations:

1. Electronic Aids, General Use:

i. Replacement Equipment:

	Equipment Type	No. > 5 Years Old	Total Required	Total Cost
(a)	Calculator, Large Print: $50	8	20	$ 1,000
(b)	Electronic Enlarging System: $3700	48	60	$222,000
(c)	Language Master: $200	60	30	$ 6,000
(d)	Tape Recorder, 4-Track: $250	67	80	$ 20,000
(e)	Typewriter, Electric: $650	38	80	$ 52,000
(f)	Typewriter, Manual:	39	0	$ 0
				$301,000

ii. New Equipment:

	Equipment Type	No. Required	Total Cost
(a)	Computer: $2000	50	$100,000
(b)	Large Print Monitor: $3700	25	$ 92,500
(c)	Speech Synthesizers: $3000	25	$ 75,000
(d)	Print Printer: $300	50	$ 15,000
(e)	Speech Boards for Non-Verbal: $4000	3	$ 12,000
			$294,500

2. Electronic Aids, Braille Use:

i. Long Braille Texts:

	Equipment Type	No. Required	Total Cost
(a)	Computer: $2000	5	$ 10,000
(b)	Modem: $200	2	$ 400
			$ 10,400

ii. Instant Braille:

	Equipment Type	No. Required	Total Cost
(a)	Braille-N-Print: $1200	25	$ 30,000
(b)	Print Printer: $300	25	$ 7,500
(c)	Braille Writer: $575	50	$ 28,750

APPENDIX

(d)	Lap-Top Computers: $3000	35	$105,000
(e)	Speech synthesizers: $3000	35	$105,000
(f)	Print Printer: $300	35	$ 10,500
(g)	Versabrailler: $7000	10	$ 70,000
(h)	Computer: $2000	35	$ 70,000
(i)	Print Printer: $300	35	$ 10,500
(j)	Braille Printer: $7000	35	$245,000
(k)	Modem: $200	35	$ 7,000
			$689,250

iii. Other Equipment:

Calculator, Talking: $200	30	$ 6,000

TOTAL:

1.	Replacement Equipment	$301,000
	New Equipment	$234,500
2.	Braille - Long Text	$ 10,400
	Instant Braille	$689,250
3.	Other Equipment	$ 6,000
		$1,301,150

APPENDIX

Annual Equipment Replacement Cost for Future Years:

The purchases recommended above would result in the following inventory levels of equipment in good working order. Some of the replaced equipment will become surplus but it is not considered that this will have any commercial value.

Item	Quantity	Value
Braille-N-Print: $1200	29	$ 34,800
Braille Writer: $575	200	$115,000
Calculator, Print: $50	55	$ 2,750
Calculator, Talking: $200	53	$ 10,600
Computer: $2000	70	$140,000
Computer with Synthesizer: $5000	25	$125,000
Computer, Lap-Top with Synthesizer: $6000	35	$210,000
Electronic Enlarging System: $3700	104	$384,800
Language Master: $200	80	$ 16,000
Large Print Monitor: $3700	25	$ 81,400
Modem: $200	37	$ 7,400
Printer, Braille: $7000	35	$245,000
Printer, Braille, High Speed: $20,000	2	$ 40,000
Printer, Print: $300	152	$ 45,600
Speech Board: $4000	3	$ 12,000
Tape Recorder, 4-Track: $250	169	$ 42,250
Typewriter, Electric: $650	163	$105,950
Versabrailler: $7000	11	$ 77,000
		$1,695,550

20% Annual Replacement Cost	$339,100	
10% Maintenance	$169,600	
TOTAL ANNUAL EQUIPMENT COST		$508,700

Equipment Distribution by Province and Language

		NB-A	NB-F	NF	NS	PE	APRCVI	Stock	Other	TOTAL
Braille Writer		18	25	16	21	9	102	14	6	211
	%	8.5%	11.8%	7.6%	10.0%	4.3%	48.3%	6.6%	2.8%	100.0%
Calculator, Print		3	0	0	2	0	10	5	6	26
	%	11.5%	0.0%	0.0%	7.7%	0.0%	38.5%	19.2%	23.1%	100.0%
Calculator, Talking		7	3	7	9	0	9	9	0	44
	%	15.9%	6.8%	15.9%	20.5%	0.0%	20.5%	20.5%	0.0%	100.0%
Electronic Enlarging Syst		15	15	5	17	1	24	9	6	92
	%	16.3%	16.3%	5.4%	18.5%	1.1%	26.1%	9.8%	6.5%	100.0%
Language Master		7	13	9	15	3	24	14	0	85
	%	8.2%	15.3%	10.6%	17.6%	3.5%	28.2%	16.5%	0.0%	100.0%
Tape Recorder, 4-Track		18	38	18	31	8	36	6	1	156
	%	11.5%	24.4%	11.5%	19.9%	5.1%	23.1%	3.8%	0.6%	100.0%
Typewriter, Electric		28	17	8	26	2	33	6	1	121
	%	23.1%	14.0%	6.6%	21.5%	1.7%	27.3%	5.0%	0.8%	100.0%
Typewriter, Manual		0	1	0	0	4	18	17	1	41
	%	0.0%	2.4%	0.0%	0.0%	9.8%	43.9%	41.5%	2.4%	100.0%
TOTAL		96	112	63	121	27	256	80	21	776
	%	12.4%	14.4%	8.1%	15.6%	3.5%	33.0%	10.3%	2.7%	100.0%

Number of Pupils

		NB-A	NB-F	NF	NS	PE	APRCVI	Stock	Other	TOTAL
Number of Preschool		14	20	22	33	7	0	0	0	96
		14.6%	20.8%	22.9%	34.4%	7.3%	0.0%	0.0%	0.0%	100.0%
Number of Pupils		107	85	165	181	37	67	0	0	642
	%	16.7%	13.2%	25.7%	28.2%	5.8%	10.4%	0.0%	0.0%	100.0%
Total Served		121	105	187	214	44	67	0	0	738
	%	16.4%	14.2%	25.3%	29.0%	6.0%	9.1%	0.0%	0.0%	100.0%

Equipment Distribution by Year of Purchase

		1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	TOTAL
Braille writer		56	25	32	14	14	13	14	31	10	2	211
	%	26.5%	11.8%	15.2%	6.6%	6.6%	6.2%	6.6%	14.7%	4.7%	0.9%	100.0
Calculator, Print		5	0	0	2	1	2	1	4	11	0	26
	%	19.2%	0.0%	0.0%	7.7%	3.8%	7.7%	3.8%	15.4%	42.3%	0.0%	100.0
Calculator, Talking		5	0	0	5	11	6	0	0	14	3	44
	%	11.4%	0.0%	0.0%	11.4%	25.0%	13.6%	0.0%	0.0%	31.8%	6.8%	100.0
Electronic enlarging Syst		20	10	9	1	8	10	5	14	12	3	92
	%	21.7%	10.9%	9.8%	1.1%	8.7%	10.9%	5.4%	15.2%	13.0%	3.3%	100.0%
Language Master		15	20	11	8	6	11	3	0	11	0	85
	%	17.6%	23.5%	12.9%	9.4%	7.1%	12.9%	3.5%	0.0%	12.9%	0.0%	100.0%
Tape Recorder, 4-Track		10	7	16	22	12	11	21	26	28	3	156
	%	6.4%	4.5%	10.3%	14.1%	7.7%	7.1%	13.5%	16.7%	17.9%	1.9%	100.0%
Typewriter, Electric		8	1	0	15	14	11	10	30	28	4	121
	%	6.6%	0.8%	0.0%	12.4%	11.6%	9.1%	8.3%	24.8%	23.1%	3.3%	100.0%
Typewriter, Manual		23	4	7	1	4	2	0	0	0	0	41
	%	56.1%	9.8%	17.1%	2.4%	9.8%	4.9%	0.0%	0.0%	0.0%	0.0%	100.0
	TOTAL	142	67	75	68	70	66	54	105	114	15	776
	%	18.3%	8.6%	9.7%	8.8%	9.0%	8.5%	7.0%	13.5%	14.7%	1.9%	100.0